


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90091 044 \*\*\*\*61.25

<b>DOCUMENT # 733122</b> 1. Entity Name TEMPLE JUDEA OF CARRIAGE HILLS, INC.	
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Principal Place of Business 6734 1/2 STERLING RD HOLLYWOOD, FL 33024	Mailing Address 6734 1/2 STERLING RD HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1699577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SNETSKY, BERNARD  
104 BRIARWOOD CIR  
HOLLYWOOD, FL 33024

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNETSKY, BERNARD <i>BESSIE</i> 104 BRIARWOOD CIRCLE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOLDSTEIN, LEILA 458 BRIARWOOD CIRCLE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LACKMAN, RUTH 2 BRIARWOOD CIR., #108 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CZUCH, NOAM 482 BRIARWOOD CIR HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Leila Goldstein* *LEILA GOLDSTEIN* *1/8/07* *(954) 963-4060*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #