FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -6 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769564 (6)

1. Corporation Name
TEMPLE BETH TIKVAH OF GREENACRES, INC.

Principal Place of Business	Mailing Address
4550 JOG RD. LAKE WORTH FL 33467-4160	4550 JOG RD. LAKE WORTH FL 33467-4160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1983
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2286877 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINGER, LEONARD
1530 N. FEDERAL HWY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PRESSMAN, HAROLD	1.2 NAME	Cynthia Mashioff	
STREET ADDRESS	6361 SUMMER SKY LANE	1.3 STREET ADDRESS	3755 Poinciana Drive # 112	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lake Worth, Fla. 33467	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	TRACHTENBERG, DR. DAVID	2.2 NAME		
STREET ADDRESS	6292 AUSTEL CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LESSER, SEYMOUR	3.2 NAME		
STREET ADDRESS	4725 LUCERNE LAKES BLVD #316	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	STORCH, CLIFFORD	4.2 NAME		
STREET ADDRESS	4290 D'ESTE CT. #207	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	MASHIOFF, CYNTHIA	5.2 NAME	Irving Luckom	
STREET ADDRESS	3755 POINCIANA DR. #112	5.3 STREET ADDRESS	6989 Quince Lane	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	Lake Worth, Fla. 33467	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Clifford Storch CLIFFORD STORCH 1/19/95 (407) 967-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

006121