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 APR 18 PM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747017** **(2)**

1. Corporation Name

TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 BIG BLUE TRACE WEST PALM BEACH FL 33414	900 BIG BLUE TRACE WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: **05/02/1979**
3a. Date of Last Report: **02/10/1994**
4. FEI Number: **59-1946310** ☐ Applied For ☐ Not Applicable
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

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

GOLDMAN, SELMA
825 LANTERN TREE LANE
WEST PALM BEACH FL 33414

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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, SELMA	1.2 NAME		
STREET ADDRESS	825 LANTERN TREE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL D	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	YASUNA, MARSHALL	2.2 NAME		
STREET ADDRESS	389 KNOTTYWOOD LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL D	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	DRUKER, SCOTT	3.2 NAME		
STREET ADDRESS	1228 SKORTON AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	remove	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LEPOW, STEPHAN	4.2 NAME		
STREET ADDRESS	13355 KINGSBURY DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL D	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	EISMANN, ROZ	5.2 NAME		
STREET ADDRESS	12785 NEWTON PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL D	5.4 CITY-ST-ZIP		
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: Selma Goldman, Pres. 3/22/95 407-292-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011363