FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747017

(2)

TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address					-{			
					1			
900 BIG BLUE TRACE 900 BIG BLUE TRACE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414			3414-3915					
					3. Date Incorporated or Qualified 05/02/1979	3a. Date of Last Report 05/01/1996		
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21 90	26 900 Big B	lue Tr	ace	59-1946310	Not Applicat	le		
Suite. Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	コ	
23 We	llington, FL	28 Wellington, FL			Trust Fund Contribution	Added to Fees		
Ζiρ	Country Zip		Country		8. This corporation has liability for i	ntangible tax under s. 199.032,		
24 33	414 25 USA	29 33414 30 USA		Florida Statutes Yes No				
	9. Name and Address of Current	10. Name and Address of New Re	glatered Agent					
81 Na					Herzlin, Alan		ļ	
YASUNA, MARSHALL				Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
389 KNOTTYWOOD LANE					14817 Horseshoe Trace			
WESTP	ALM BEACH FL 33414		83	' l				
			84		Wellington,	FL 85 Zip Code 33414		
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statu	tes, the abov	/e-named co	progration submits this statement for the p		,a l	
office or	registered cont, or both in the State r	I Florida, Such change was	authorized b	y the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment as registered	.	
•		1 Mesiler	GROW STREET	7 a .	1.	/27/97		
SIGNATURE	Signature typed or printed name of legitiered algent	and title it applicable (NO	TE: Registered Ac	gent signature rad	guired when reinstating)	DATE	-	
12.	OFFISERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	₹ ZADELETE	1.1 TITLE		Vice President/Dire	ector Change 🛛 Additi	οn	
NAME	YASUNA, MARSHALL		1.2 NAME	L	Abrams, Norma			
STREET ADDRESS	389 KNOTTYWOOD LANE		1.3 STREE		3506 Columbine Ave			
CITY - ST - ZIP	W. PALM BEACH FL		1.4 D(TY-	ST-ZIP W	Vellington, FL 3341		Ц	
TITLE	VD	☐ DELETE	2.1 TITLE		resident/Director	Change Additi	٥n	
NAME	HERZLIN, ALLAN		2.2 NAME	,	Herzlin, Alan			
STREET ADDRESS	14817 HORSESHOE TRACE		2.3 STREE		14817 Horseshoe Tra			
CITY-ST-ZIP	WEST PALM BEACH FL 33414		2. 4 CITY		Wellington, FL 334			
TITLE	TD	XX DELETE	3.1 TITLE		reasurer/Director	Change X Additi	on	
NAME	LEPOW, STEPHAN		3.2 NAME	F	Ross, Roland			
STREET ADORESS	13355 KINGSBURY DR		1		806 Lynton Circle	4		
CITY-ST-ZIP	W. PALM BEACH FL	- Devere	3.4. CITY		Mellington, FL 3341			
TITLE	SD SOLUTION DOZ	DELETE	4.1 TITLE		Secretary	Change Additi	on	
NAME	EISMANN, ROZ		4, 2 NAM		Eismann, Roz			
STREET ADDRESS					12785 Newton Place	•		
CITY-ST-ZIP	W. PALM BEACH FL	DELETE	4.4 CITY-		Wellington, FL 334	Change Additi		
TITLE		ר וונרגונ	5.1 TITLE	1		Change Additi	ווע	
NAME			5.2 NAME					
STREET ADDRESS				T ADORESS				
City · St · ZIP		DELETE	5.4 CITY-			Change Additi	Or.	
TITLE)	F"1 nerete	61 TITLE	1		Li cuando Li vocili	UII	
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS			- 1	

14. I do hereby certify that the information supplied with this filing 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 of Statutes and that my name are directors of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block of Statutes.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

0/-743-2-700 Davime Phone # 0041238

FILED

Feb 05 1997 8:00am

Secretary of State