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Mar 10 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747017** (2)

1. Corporation Name

TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.



Principal Place of Business	Mailing Address
900 BIG BLUE TRACE WELLINGTON FL 33414 US	900 BIG BLUE TRACE WELLINGTON FL 33414 US

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

3. Date Incorporated or Qualified	05/02/1979
4. FEI Number	59-1946310
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. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HERZLIN, ALAN 14817 HORSESHOE TRACE WELLINGTON 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alan S. Herzlin* (NOTE: Registered Agent signature required when reinstating) DATE *3-4-98*

12. OFFICERS AND DIRECTORS	
TITLE	VPD ☐ DELETE
NAME	ABRAMS, NORMA
STREET ADDRESS	13506 COLUMBINE AVE.
CITY-ST-ZIP	WELLINGTON FL
TITLE	PD ☐ DELETE
NAME	HERZLIN, ALAN
STREET ADDRESS	14817 HORSESHOE TRACE
CITY-ST-ZIP	WELLINGTON FL
TITLE	TD ☐ DELETE
NAME	ROSS, ROLAND
STREET ADDRESS	1808 LYNTON CIRCLE
CITY-ST-ZIP	WELLINGTON FL
TITLE	S ☐ DELETE
NAME	EISMANN, ROZ
STREET ADDRESS	12785 NEWTON PLACE
CITY-ST-ZIP	WELLINGTON FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan S. Herzlin* *3-4-98* *561-793-2700*

CR2E037 (10/97)