

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # 747017

1. Entity Name

TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.



Principal Place of Business

900 BIG BLUE TRACE  
WELLINGTON FL 33414  
US

Mailing Address

900 BIG BLUE TRACE  
WELLINGTON FL 33414  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1946310

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHERTOCK, STACY  
869 FOREST GLEN LANE  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BAKERMAN, ERIC  
13333 BURTON TERRACE  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CHERTOCK, STACY  
869 FOREST GLEN  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
DENER, MEL  
5025 DOBINS CR  
WEST PALM BEACH FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LOBIANCO, LINDA  
8393 FRESH CREEK  
WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
PLAXEN, DEBBIE  
15822 BENT CREEK RD  
WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000061615  
02/23/04-80089-005 70.00

TITLE  
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12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 86-793-270