

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748644

FILED
Jan 14, 2009
Secretary of State

Entity Name: TEMPLE BETH AM OF MARGATE INC.

Current Principal Place of Business:

7205 ROYAL PALM BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7205 ROYAL PALM BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-0169999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALFOND, SANDEE
7205 ROYAL PALM BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ZINKIN, CARY
Address: 5340 NW 125 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: EVD () Delete
Name: HOLSTEIN, JILL
Address: 1122 NW 118 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: FSD () Delete
Name: SILVERBERG, STEVEN
Address: 8485 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD () Delete
Name: GROSSMAN, SHEILA
Address: 5000 NW 96 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VD () Delete
Name: MORRIS, STU
Address: 5966 PINEWOOD AVENUE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SWERDLOFF, NIRIT
Address: 5012 CHARDONNAY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FSD (X) Change () Addition
Name: MULLER, JERRY
Address: 5405 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ISKOWITZ, ILISA
Address: 12600 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE ROSEN, ADMIN. ASST.

SECT

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date