

**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 MAY -1 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 758796 (7)**

1. Corporation Name

**TEMPLE JUDEA OF PALM BEACH COUNTY, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/16/1981</b>	3a. Date of Last Report <b>01/27/1994</b>
4. FEI Number <b>59-2100649</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
100 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409		100 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409	
2. Principal Place of Business	2a. Mailing Address	21	26
Sup, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Country	Country	24	30
Zip	Zip	25	29

9. Name and Address of Current Registered Agent

**PRESTON MIGHDOLL  
12969 MEADOWBREEZE DR  
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  
85 Zip Code

**FL**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOFFINGER, LORRAINE C 2239 EMBASSY DR WEST PALM BEACH FL <b>D</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BAKER, EDWARD 2380 SARATOGA BAY DR WEST PALM BEACH FL <b>D</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MEREDITH, GOLDTEIN 2 GOVERNORS CT PALM BEACH GARDENS FL <b>T</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRACK, PETER 20 CARRICK RD PALM BEACH GARDENS FL <b>T</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RICE, KATIE 8570 THOUSAND PNE CIRCLE WEST PAL BEACH FL <b>D</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUSAN WOLF-SCHWARTZ 18080 PALM POINTE DR JUPITER FL <b>T</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRACK, PETER</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>\$9776</b> <b>REMITTED BY MAY 1</b>

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Wolf-Schwartz* **President** 4/5/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #