

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758796 (7)

1. Corporation Name
TEMPLE JUDEA OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
100 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified **06/16/1981** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-2100649** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESTON MIGHDOLL
12969 MEADOWBREEZE DR
WEST PALM BEACH FL 33414**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HOFFINGER, LORRAINE C	1.2 NAME	Meredith B. Goldstein
STREET ADDRESS	2239 EMBASSY DR	1.3 STREET ADDRESS	2 Governor's Ct.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gdns, Fl. 33418
TITLE	TD	2.1 TITLE	
NAME	BAKER, EDWARD	2.2 NAME	
STREET ADDRESS	2380 SARATOGA BAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	VP
NAME	MEREDITH, GOLDTEIN	3.2 NAME	Susan Blum
STREET ADDRESS	2 GOVERNORS CT	3.3 STREET ADDRESS	9055 Cypress Hollow Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gdns, Fl. 33418
TITLE	VT	4.1 TITLE	
NAME	BROCK, PETER	4.2 NAME	
STREET ADDRESS	20 CARRICK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	S
NAME	RICE, KATIE	5.2 NAME	Alesia Hoy
STREET ADDRESS	8570 THOUSAND PNE CIRCLE	5.3 STREET ADDRESS	255 Edmor St.
CITY-ST-ZIP	WEST PAL BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33405
TITLE	VT	6.1 TITLE	V
NAME	SUSAN WOLF-SCHWARTZ	6.2 NAME	Gail Frank
STREET ADDRESS	18080 PALM POINTE DR	6.3 STREET ADDRESS	2601 Village Blvd.
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	West Palm Beach, Fl. 33409

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

SIGNATURE: _____ DATE: **4/8/96** (407) 471-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)