


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 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 # 758796 (7)
 1. Corporation Name
TEMPLE JUDEA OF PALM BEACH COUNTY, INC.



Principal Place of Business 100 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409	Mailing Address 100 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified
06/16/1981

4. FEI Number 59-2100649	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	27. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	28. Mailing Address Suite, Apt. #, etc. City & State Zip	29. Principal Place of Business Suite, Apt. #, etc. City & State Zip	30. Mailing Address Suite, Apt. #, etc. City & State Zip
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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

**PRESTON MIGHDOLL
12989 MEADOWBREEZE DR
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, MEREDITH B	
STREET ADDRESS	2 GOVERNORS CT	
CITY-ST-ZIP	PALM BCH GDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PLOTSKY, CHARLOTTE	
STREET ADDRESS	380 KELSEY PARK DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLUM, SUSAN	
STREET ADDRESS	9055 CYPRESS HOLLOW DR	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAULUS, MELANIE	
STREET ADDRESS	6181 ROBINSON ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOY, ALESIA	
STREET ADDRESS	255 EDMOR ST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, GAIL	
STREET ADDRESS	2601 VILLAGE BLVD	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gail Frank	
1.3 STREET ADDRESS	2601 Village Blvd. #206	
1.4 CITY-ST-ZIP	West Palm Beach, Fl. 33409	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beth Hausor	
2.3 STREET ADDRESS	1800 Embassy Drive #121	
2.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alesia Hoy	
3.3 STREET ADDRESS	255 Edmor Road	
3.4 CITY-ST-ZIP	West Palm Beach, Fl. 33405	
4.1 TITLE	Financial Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Melanie Paulus	
4.3 STREET ADDRESS	6181 Robinson St.	
4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lorraine Koffinger	
5.3 STREET ADDRESS	2239 Embassy Dr.	
5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
6.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Katie Rixe	
6.3 STREET ADDRESS	8750 Thousand Pine Circle	
6.4 CITY-ST-ZIP	West Palm Beach, Fl. 33411	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gail Frank* **REQUIRED** Gail Frank 2/20/98 (561)471-1526

CR2E037 (10/97)