


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90126 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758796

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2100649
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANT, GAIL		1.2 NAME Gail Frank	
STREET ADDRESS 2601 VILLAGE BLVD, #206		1.3 STREET ADDRESS 2601 Village Blvd. #206	
CITY-ST-ZIP WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP West Palm Beach, Fl. 33409	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAUSER, BETH		2.2 NAME Alesia Hoy	
STREET ADDRESS 1800 EMBASSY DR, #121		2.3 STREET ADDRESS 255 Edmor Rd.	
CITY-ST-ZIP WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP West Palm Beach, Fl. 33405	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOY, ALESIA		3.2 NAME Stuart Karden	
STREET ADDRESS 255 FDMOR RD		3.3 STREET ADDRESS 284 Oneida Terrace	
CITY-ST-ZIP WEST PALM BEACH FL 33405		3.4 CITY-ST-ZIP West Palm Beach, Fl. 33414	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAULUS, MELANIE		4.2 NAME	
STREET ADDRESS 6181 ROBINSON ST		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Jordan Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFINGER, LORRAINE		5.2 NAME 5264 Crystal Anne Dr	
STREET ADDRESS 2239 EMBASSY DR		5.3 STREET ADDRESS West Palm Beach, Fl. 33417	
CITY-ST-ZIP WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICE, KATIE		6.2 NAME	
STREET ADDRESS 8750 THOUSAND PINE CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33411		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Gail Frank **SIGNATURE REQUIRED** Date: 4/13/99 Daytime Phone #: 478-8125