


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90041 040 \*\*\*\*61.25

**DOCUMENT # 758796**

1. Entity 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**

**44024661**



2. Principal Place of Business  
**4311 HOOD ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4311 HOOD ROAD**  
 Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State  
**PALM BEACH GARDENS**

City & State  
**PALM BEACH GARDENS**

Zip  
**33410** Country  
**USA**

Zip  
**33410** Country  
**USA**

4. FEI Number  
**59-2100649**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PRESTON MIGHDOLL  
 10745 OAK BEND WAY  
 WEST PALM BEACH, FL 33414**

7. Name and Address of New Registered Agent

Name **MELANIE PAULUS**

Street Address (P.O. Box Number is Not Acceptable)  
**10100 HUNT CLUB LANE**

City **PALM BEACH GARDENS** FL Zip Code **33418**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Melanie Paulus* DATE **3-31-04**

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

**Filing Fee is \$81.25  
 Due by May 1, 2004**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, ERIC 27 MARLWOOD LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLER, H. DANIEL 147 ORANGE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHALLOWAY, MARK 118 SATINWOOD LANE WEST PALM BEACH, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFINGER, C. LORRAINE 2239 EMBASSY DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISEBERG, PERRY 405 4TH WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SLATER, CAROL 133 MONTEREY POINTE DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CAROL SLATER 133 MONTEREY POINTE DRIVE PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT DR. CHARLES SCHNEIDERMAN 12 BERMUDA LAKE DR. PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT STEPHEN GOLDSTEIN 2712 IRMA LAKE DRIVE WEST PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *H. Daniel Heller* Date **3/29/04** Daytime Phone # **561-702-0149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR