


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90068 050 \*\*\*\*61.25

**DOCUMENT # 758796**

1. Entity Name  
**TEMPLE JUDEA OF PALM BEACH COUNTY, INC.**



Principal Place of Business  
**4311 HOOD RD.  
 PALM BEACH GARDENS, FL 33410**

Mailing Address  
**4311 HOOD RD.  
 PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03222007 Chg-NP CR2E037 (12/06)

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

**PAULUS, MELANIE  
 10100 HUNT CLUB LANE  
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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	P SLATER, CAROL <input checked="" type="checkbox"/> Delete 133 MONTEREY POINTE DR. PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVEL, ROSALEE <input type="checkbox"/> Delete 3855 BUTTERCUP CIR S PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRINCE, JEFFREY <input type="checkbox"/> Delete 17 CARRICK RD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALK, GARY <input type="checkbox"/> Delete 13451 WILLIAM MEYER CT PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENSTEIN, JILL <input type="checkbox"/> Delete 6 SURREY RD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDSTEIN, STEPHEN <input checked="" type="checkbox"/> Delete 2712 IRMA LAKE DR. WEST PALM BEACH, FL 33411

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAYE ROSCH - P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 199 VIA CONDADO WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCE, JEFFREY - VP <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	V EDWIN ROSEN <input type="checkbox"/> Change <input type="checkbox"/> Addition 13764 LE HAURE DR. PALM BEACH GARDENS, FL 33410

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

**SIGNATURE:** *Rosalie Savel* **3/22/07** **622-5148**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #