

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758796

FILED
Mar 31, 2009
Secretary of State

Entity Name: TEMPLE JUDEA OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4311 HOOD RD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4311 HOOD RD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2100649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSEN, ELAYNE
Address: 13764 LE HAVRE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: SAVEL, ROSALEE
Address: 3855 BUTTERCUP CIR S
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: RUTH, GONZALES
Address: 19022 LOXAHATCHEE RIVER ROAD
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: WALK, GARY
Address: 13451 WILLIAM MEYER CT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: CHANE, JONATHAN
Address: 1211 FLORIDA AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: KEITH, PAULUS
Address: 10100 HUNT CLUB LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAYNE ROSEN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date