2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 769564

1. Entity Name
TEMPLE BETH TIKVAH OF GREENACRES, INC.

Principal Place of Business	Mailing Address
4550 JOG RD. LAKE WORTH, FL 33467-4160	4550 JOG RD. LAKE WORTH, FL 33467-4160

01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2286877
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, LEONARD
1530 N. FEDERAL HWY
LAKE WORTH, FL 33460

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDKLANG, ELAINE
STREET ADDRESS	6827 PARISIAN WAY
CITY-ST-ZIP	LAKE WORTH, FL 334675728
TITLE	FS
NAME	WEINSTEIN, TZIP
STREET ADDRESS	7847 LAKESIDE BLVD, #1041
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	TD
NAME	KAUFMAN, DAVID
STREET ADDRESS	6959 FOUNTAINS CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VD
NAME	POLLACK, LENNY
STREET ADDRESS	6730 ROTHBURY LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD
NAME	KRAUSE, IRIS
STREET ADDRESS	4702 FOUNTAINS DRIVE S, #403
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000U10480947
04/11/06--80011-014 61.25

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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: Iris Krause 3/23/06 (561) 967-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #