2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003842

FILED Feb 09, 2006 Secretary of State

Entity Name: CONGREGATION SHIR HADASH OF PALM BEACH COUNTY INC

Current Principal Place of Business: New Principal Place of Business: 315 VIZCAYA DRIVE 3951 HAVERHILL ROAD NORTH PALM BEACH GARDENS, FL 33418 LIS SUITE 203 WEST PALM BEACH, FL 33417 US **Current Mailing Address:** New Mailing Address: 315 VIZCAYA DRIVE PO BOX 671 PALM BEACH GARDENS, FL 33418 US JUPITER, FL 33468 US FEI Number: 42-1666713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SINGER, BAYLA KARMELIN, IRA D ESQ. 315 VIZĆAYA DRIVE 3951 HAVERHILL ROAD NORTH PALM BEACH COUNTY, FL 33418 SUITE 203 US WEST PALM BEACH, FL 33417 US 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: IRA D. KARMELIN 02/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition SINGER, BAYLA Name: Name: 315 VIZCAYA DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 3318 US City-St-Zip: Title: (X) Delete Title: () Change () Addition GROSSMAN, PAULA Name: Name: Address: 729 ALAMANDA DRIVE Address: City-St-Zip: NORTH PALM BEACH, FL 33408 US City-St-Zip: Title: D, T () Delete Title: (X) Change () Addition SPITZ, JOSEPH G Name: SPITZ, JOSEPH G Name: 190 HONEYSUCKLE DRIVE 190 HONEYSUCKLE DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: DS () Change (X) Addition Name: Name: KARMELIN, IRA D 3951 HAVERHILL ROAD NORTH, STE 203 Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 Title: () Delete Title: DAS () Change (X) Addition JENKS, DEBRA A Name: Name: 58 PRINCEWOOD LANE Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH G. SPITZ DT 02/09/2006