## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003842

FILED Apr 04, 2008 Secretary of State

Entity Name: CONGREGATION SHIR HADASH OF PALM BEACH COUNTY INC

3951 HΔ\/	rincipal Place of Business:	New Principal Place of Business:
	ERHILL ROAD NORTH	
SUITE 203 WEST PA	LM BEACH, FL 33417 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 6 JUPITER,	71 FL 33468 US	
FEI Number	: 42-1666713 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
3951 HAVI SUITE 203	N, IRA D ESQ. ERHILL ROAD NORTH B LM BEACH, FL 33417 US	
	named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DT () Delete SPITZ, JOSEPH G 11033 LEGACY BLVD #102 PALM BEACH GARDENS, FL 33410	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
,		
Title: Name: Address: City-St-Zip:	DS ( ) Delete KARMELIN, IRA D 3951 HAVERHILL ROAD NORTH, STE 203 WEST PALM BEACH, FL 33417	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Γitle: Name: Address:	KARMELIN, IRÁ D 3951 HAVERHILL ROAD NORTH, STE 203	Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	KARMELIN, IRA D 3951 HAVERHILL ROAD NORTH, STE 203 WEST PALM BEACH, FL 33417  DAS () Delete FRIEDMAN, PAUL 1807 LAUREL LANE	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: JOSEPH G SPITZ T 04/04/2008