

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09562

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** TEMPLE BETH AMI OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

1401 N.W. FOURTH AVENUE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1401 N.W. FOURTH AVENUE  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 59-2568825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBERG, MARVIN  
1401 NW FOURTH AVENUE  
BOCA RATON, FL 33432 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: PT ( ) Delete  
Name: ROSENBERG, MARVIN  
Address: 8046 VIA GRANDE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: EVPT ( ) Delete  
Name: SENDER, HENRY  
Address: 5791 WATERFORD  
City-St-Zip: BOCA RATON, FL 33496

Title: SVP ( ) Delete  
Name: MEISTER, IRWIN  
Address: 20008 RIMA CIRCLE  
City-St-Zip: BOCA RATON, FL 33434

Title: FVP ( ) Delete  
Name: KALLMAN, HAROLD  
Address: 4740 S. OCEAN BLVD. #1405  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: FS (X) Delete  
Name: SACHAROW, HELENE  
Address: 2560 RIVIERA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T (X) Delete  
Name: COHEN, RAPHAEL  
Address: 2652 NW 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

**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: FS (X) Change ( ) Addition  
Name: SACHAROW, HELENE  
Address: 2560 RIVIERA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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: MARVIN ROSENBERG

PT

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date