

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39648 (3)**  
1. Corporation Name  
**TEMPLE L'CHAIM, INC.**



Principal Place of Business Mailing Address  
**75 NE 6TH AVENUE 75 NE 6TH AVENUE**  
**111 111**  
**DELRAY BEACH FL 33483 DELRAY BEACH FL 33483**  
**US US**

3. Date Incorporated or Qualified **08/23/1990** 3a. Date of Last Report **01/26/1995**  
4. FEI Number **65-0214944** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STRICKMAN, ANN**  
**6055 WINDING BROOK WAY**  
**DELRAY BEACH FL 33484**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PACK, MILTON	
STREET ADDRESS	8863 SUNSCOPE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	REINER, ELAINE	
STREET ADDRESS	5162 CORTEZ COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STRICKMAN, ANN	
STREET ADDRESS	6055 WINDING BROOK WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SCHARE, ADRIENNE	
STREET ADDRESS	15072 ASHLAND PLACE, STE., D-110	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GRUBERG, HYMAN	
STREET ADDRESS	700 SUNNY SHORES AVE.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KOHN, MADELINE	
STREET ADDRESS	14970 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY FL 33446	

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FISHKIN, DONALD	
1.3 STREET ADDRESS	9497 MAJESTIC WAY	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WERWA, EVELYN	
2.3 STREET ADDRESS	7672 LEXINGTON PLACE	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHERIN, LAURETTE	
3.3 STREET ADDRESS	14623 BONAIRE BLVD.	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
4.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROSEN, CYNTHIA Z.	
4.3 STREET ADDRESS	9497 MAJESTIC WAY	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
5.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STRICKMAN, ANNE	
5.3 STREET ADDRESS	6055 WINDING BROOK WAY	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

**SIGNATURE:**

*Madeline H. Kohn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MADELINE H. KOHN

4/16/96

Date

407-499-8703

Daytime Phone #

CR2E037 (12/95)