FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:37

DOCUMENT # N50168 (6)

1. Corporation Name
THE REFORM TEMPLE OF BOYNTON BEACH, INC.

Principal Place of Business	Mailing Address
SANTALUCES HIGH SCHOOL LANTANA FL 33437 US	PO BOX 3791 BOYNTON BCH FL 33424 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0347907 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MAURICE, SHELLEY B.
11076 S. MILITARY TRAIL
BOYNTON BEACH FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P-TR	☒ Change ☐ Addition
NAME	BLESHMAN, NORMAN	1.2 NAME	ROSENFELD, JOHN	
STREET ADDRESS	5446 MIRROR LAKES BLVD.	1.3 STREET ADDRESS	9810 WALNUT TREE WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE	V-TR	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT	2.2 NAME		
STREET ADDRESS	5342 MIRROR LAKES BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S-TR	☒ Change ☐ Addition
NAME	FREEMAN, RHODA	3.2 NAME	HOFFMAN, CHARLOTTE	
STREET ADDRESS	4731 CATAMARAN CIR	3.3 STREET ADDRESS	9414 SUN POINTE DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	D	4.1 TITLE	V-TR	☒ Change ☐ Addition
NAME	KESLIN, SAMUEL	4.2 NAME	BRESSLER, ABE	
STREET ADDRESS	9885A CLUSIA TREE LN	4.3 STREET ADDRESS	909A SUNSWEPT LA.	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FLA	
TITLE	T-TR	5.1 TITLE		☐ Change ☐ Addition
NAME	LATNIK, DON	5.2 NAME		
STREET ADDRESS	7676 STIRLING BRIDGE BLVD NO	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Robert Smith ROBERT SMITH V.P. JAN 18, 1995 407 7323422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040032