

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90127 042 \*\*\*\*61.25

0044275

**DOCUMENT # N50168**

1. Corporation Name

**THE REFORM TEMPLE SHAAREI SHALOM, INC.**

Principal Place of Business

9776D S. MILITARY TRAIL  
BOYNTON BEACH FL 33436  
US

Mailing Address

9776D S. MILITARY TRAIL  
BOYNTON BEACH FL 33436  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/31/1992

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

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 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

TITLE	PRT	<input checked="" type="checkbox"/> DELETE
NAME	BRESSLER, ABE	
STREET ADDRESS	5909-A SUNSWEPT LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VTR	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIER, MURRAY	
STREET ADDRESS	10868 STAFFORD CIRCLE N	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	REINER, ELAINE	
STREET ADDRESS	5162 CORTEZ COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VTR	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, SYLVIA	
STREET ADDRESS	6757 SUN RIVER ROAD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, RICHARD	
STREET ADDRESS	8438 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TTR	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, CHARLES	
STREET ADDRESS	8370 LORDS PL	
CITY-ST-ZIP	BOYNTON BEACH FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHNEIER, MURRAY	
1.3 STREET ADDRESS	10868 STAFFORD CIRCLE N	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
2.1 TITLE	VTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEARL GOLDSTEIN	
2.3 STREET ADDRESS	8257 WATERLINE DR	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
3.1 TITLE	VTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DA LEONARD RAND	
3.3 STREET ADDRESS	10112 ASHWOOD PL	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
4.1 TITLE	STR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDITH BERGER	
4.3 STREET ADDRESS	5203 E EUROPA DR	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
5.1 TITLE	TTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIMILES, KURT	
5.3 STREET ADDRESS	7613 MANSFIELD HOLLOW RD	
5.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Kurt Similes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 (56) 637-0072

CR2E037 (11/98)