

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra D. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003855 (3)

1. Corporation Name

PALM BEACH ORTHODOX SYNAGOGUE, INC.



Principal Place of Business	Mailing Address
235 SUNRISE AVE PENTHOUSE PALM BEACH FL 33480	P.O. BOX 3225 PALM BEACH FL 33480 US

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

65-0478910

Applied For

Not Applicable

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
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, TOBY  
2075 SCOTT AVENUE  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name	Henry M. Harary
82 Street Address (P.O. Box Number is Not Acceptable)	7850 S. Flagler Ave
83	
84 City	West Palm Beach
85 Zip Code	FL 33405

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

*Henry M. Harary* Treasurer

3/16/98

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 1998	
TITLE	DP	1.1 TITLE	<del>Chairman</del> DP
NAME	LEWIS, TOBY	1.2 NAME	Eduard Steinberg
STREET ADDRESS	2075 SCOTT AVENUE	1.3 STREET ADDRESS	235 Sunrise Ave
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DVP	2.1 TITLE	<del>Chairman</del> DVP
NAME	MILLER, ELAINE	2.2 NAME	Thaddeus Laphin
STREET ADDRESS	235 SUNRISE AVENUE	2.3 STREET ADDRESS	235 Sunrise Ave
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DVP	3.1 TITLE	<del>Chairman</del> DVP
NAME	WEINER, ERIC	3.2 NAME	Gary Mander
STREET ADDRESS	235 SUNRISE AVENUE	3.3 STREET ADDRESS	235 Sunrise Ave
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DT	4.1 TITLE	<del>Chairman</del> DP
NAME	ROMERO, MORRIS	4.2 NAME	Michael Gelfund
STREET ADDRESS	235 SUNRISE AVENUE	4.3 STREET ADDRESS	235 Sunrise Ave
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		5.1 TITLE	<del>Treasurer</del> DT
NAME		5.2 NAME	Henry Harary
STREET ADDRESS		5.3 STREET ADDRESS	7850 S. Flagler Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	W. Palm Beach, FL 33405
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Henry M. Harary* (Treasurer) 3/16/98 (561) 655-5441

CR2E037 (10/97)