

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 27, 1999 8:00 am  
Secretary of State

07-27-1999 90008 033 \*\*\*\*61.25

DOCUMENT # N94000003855

1. Corporation Name

PALM BEACH ORTHODOX SYNAGOGUE, INC.

596127-90008-33

Principal Place of Business

235 SUNRISE AVE  
PENTHOUSE  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 3225  
PALM BEACH FL 33480  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

65-0478910

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

10. Name and Address of New Registered Agent

81 Name

Harary, Henry M.

82 Street Address (P.O. Box Number is Not Acceptable)

7850 S. Flagler Ave

83

84 City

West Palm Beach

FL

85 Zip Code

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

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 ☐ DELETE

NAME DP  
STEINBERG, EDWARD  
STREET ADDRESS 235 SUNRISE AVE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ DELETE

NAME DVP  
LAPKIN, THEODORE  
STREET ADDRESS 235 SUNRISE AVE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME DVP  
MANDER, GARY  
STREET ADDRESS 235 SUNRISE AVENUE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME DP  
GELFUND, MICHAEL  
STREET ADDRESS 235 SUNRISE AVENUE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME DT  
HARAMY, HENRY  
STREET ADDRESS 7850 S FLAGLER DR  
CITY-ST-ZIP W PALM BEACH FL 33405

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/99

(561) 655-5441

CR2E037 (5/99)