

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003855**

1. Entity Name

**PALM BEACH ORTHODOX SYNAGOGUE, INC.**



Principal Place of Business

**120 NORTH COUNTY RD  
PALM BEACH, FL 33480**

Mailing Address

**P.O. BOX 1028  
PALM BEACH, FL 33480 US**



07122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0478910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GELFAND, EDITH  
134 ATLANTIC AVENUE  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000007E9419  
07/18/07-80005-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINBERG, EDWARD
STREET ADDRESS	120 N COUNTY RD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DV
NAME	WEINER, ERIC
STREET ADDRESS	120 N COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DP
NAME	GELFAND, MICHAEL
STREET ADDRESS	120 N COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DT
NAME	WINIG, STEVEN L
STREET ADDRESS	120 N COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DS
NAME	GELFAND, EDITH
STREET ADDRESS	120 N COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Edith Gelfand*  
Edith Gelfand

*Edith Gelfand*  
Rec./Corres. Secretary

*July 15, 2007*  
Date

*561 838 9002*  
Daytime Phone #