

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50168

Entity Name: TEMPLE SHAAREI SHALOM INC.**Current Principal Place of Business:**9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33472**Current Mailing Address:**9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33472 US**FEI Number:** 65-0347907**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEVINE, JAY
8020 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33472 US*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.***SIGNATURE:** JAY LEVINE

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP ADM
Name LEVINE, JAY
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title P
Name CUTHBERTSON, LISA
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title TREASURER/SECRETARU
Name LANDAU, LEE
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name HANDWERKER, JOSHUA
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name MILOWE, JOAN
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name LEVINE, PHILIP
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name GOTTLIEB, RHODA
Address 9085 HAGEN RANCH ROAD
City-State-Zip: BOYNTON BEACH FL 33472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY LEVINE

VP ADM

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date