

2023 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:** No**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

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LEVINE, JAY
Address	8020 MUIRHEAD CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	TRUSTEE
Name	CUTHBERTSON, LISA
Address	6851 LANTERN KEY DRIVE
City-State-Zip:	LAKE WORTH FL 33463

Title	EXECUTIVE DIRECTOR
Name	FELDMAN, CARYN
Address	1017 NM STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	VP
Name	SUDENFIELD, JOHN
Address	9738 HARBOUR LAKE CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SECRETARY
Name	MILOWE, JOAN
Address	7237 MODENA DRIVE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP
Name	BOWERS, MELISSA
Address	11053 MISTY RIDGE WAY
City-State-Zip:	BOYNTON BEACH FL 33436

Title	VP
Name	PHILIP, LEVINE
Address	7525 NORTHPORT DRIVE
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

PRESIDENT

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date