FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708719 (0)

1. Corporation Name

TEMPLE ISRAEL OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
1900 S. TROPICAL TR. PO BOX 540592 MERRITT ISL FL 32954 US	1900 SO TROPICAL TR P. O. BOX 540592 MERRITT ISLAND FL 32954

3. Date Incorporated or Qualified: 03/29/1965

3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 3200 Suntree Boulevard	26 3200 Suntree Boulevard
Suite, Apt. #, etc. 22 Suite # 119	Suite, Apt. #, etc. 27 Suite # 119
City & State 23 Melbourne, FL	City & State 28 Melbourne, FL
Zip / Country 24 32940 / 25 USA	Zip / Country 29 32940 / 30 USA

4. FEI Number: 59-1061563 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENFIELD, HARRY
481 INDIAN CREEK DR
COCOA BCH FL 32931

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BIENER, LAWRENCE		1.2 NAME		
STREET ADDRESS	250 S. SYKES CREEK PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISL FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, HARRY		2.2 NAME		
STREET ADDRESS	481 INDIAN CRK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, ALAN J.		3.2 NAME		
STREET ADDRESS	3675 EAGLE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODHART, MORRIS		4.2 NAME		
STREET ADDRESS	146 KRISTI DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOHN		5.2 NAME		
STREET ADDRESS	1835 S. ATLANTIC AVE. #701		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Morris Goodhart 1/23/96 (407)773-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MORRIS GOODHART