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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
3200 SUNTREE BLCE SUITE 119 MELBOURNE FL 32940 US	3200 SUNTREE BLVD SUITE 119 MELBOURNE FL 32940-7509 US

3. Date Incorporated or Qualified: 03/29/1965
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business
21 3270 Suntree Blvd
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 3270 Suntree Blvd.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, ALAN J.		2.2 NAME		
STREET ADDRESS	3675 EAGLE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOODHART, MORRIS		3.2 NAME		
STREET ADDRESS	146 KRISTI DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VP IT	☐ Change ☒ Addition
NAME			4.2 NAME	John Anderson	
STREET ADDRESS			4.3 STREET ADDRESS	1835 S. Atlantic Ave, #901	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (MORRIS GOODHART) Treas. 1/12/97 (407)773-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019776