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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3270 SUNTREE BLVD SUITE 119 MELBOURNE FL 32940 US	3270 SUNTREE BLVD SUITE 119 MELBOURNE FL 32940 US

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

4. FEI Number: 59-1061563 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7350 LAKE ANDREW DRIVE	26 7350 LAKE ANDREW DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip 24 32940 Country 25 BREVARD	Zip 29 32940 Country 30 BREVARD

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	VPT	☐ Change ☒ Addition
NAME	BIENER, LAWRENCE		1.2 NAME	Dr. BURTON PODNOS	
STREET ADDRESS	250 S. SYKES CREEK PKWY		1.3 STREET ADDRESS	1030 SPANISH WELLS DRIVE	
CITY-ST-ZIP	MERRITT ISL FL		1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
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	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOHN		4.2 NAME		
STREET ADDRESS	1835 S ATLANTIC AVE., #701		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP		
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 (10/97)

14. I 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 TITLE PRES MORRIS GOODHART 1/9/98 407-773-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #