

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-12-2003 90218 037 ****61.25

DOCUMENT # 708719

1. Entity Name
TEMPLE ISRAEL OF BREVARD COUNTY, INC.



Principal Place of Business
**7350 LAKE ANDREW DRIVE
MELBOURNE FL 32940
US**

Mailing Address
**7350 LAKE ANDREW DRIVE
MELBOURNE FL 32940
US**

55046577



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1061563**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, HARRY
800 E MERRITT ISLAND CAUSEWAY
SUITE 202
MERRITT ISLAND FL 32932**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

TITLE **POD** ☒ Delete
NAME **PODNOS, BURT**
STREET ADDRESS **7350 LAKE ANDREW DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **President**
NAME **Carol Miles**
STREET ADDRESS **7350 Lake Andrew Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

DIRECTORS IN 10

☒ Change ☐ Addition

TITLE **1VD** ☒ Delete
NAME **MILES, CAROL**
STREET ADDRESS **7350 LAKE ANDREW DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **1st VP**
NAME **Debra Young**
STREET ADDRESS **7350 Lake Andrew Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

☒ Change ☐ Addition

TITLE **2VD** ☒ Delete
NAME **YOUNG, DEBRA**
STREET ADDRESS **7350 LAKE ANDREW DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **2nd VP**
NAME **Barry Kerness**
STREET ADDRESS **7350 Lake Andrew Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

☒ Change ☐ Addition

TITLE **TD** ☒ Delete
NAME **GAIL, ELLIS**
STREET ADDRESS **7350 LAKE ANDREW DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **Treasurer**
NAME **Tom Rosenberg**
STREET ADDRESS **7350 Lake Andrew Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer**
NAME **Tom Rosenberg**
STREET ADDRESS **7350 Lake Andrew Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)