

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 763353 (0)**

1. Corporation Name  
**TEMPLE B'NAI ISRAEL, INC.**



Principal Place of Business <b>1685 S. BELCHER ROAD CLEARWATER FL 34624</b>	Mailing Address <b>1685 S. BELCHER ROAD CLEARWATER FL 34624-6561</b>
--	---

3. Date Incorporated or Qualified <b>05/18/1982</b>	3a. Date of Last Report <b>01/25/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number <b>59-1404489</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVID GREENE  
3098 OAK CREEK DRIVE, N.  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name <b>Gregory Fox</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>3344 E. Lake Shore Lane</b>
83
84 City <b>Clearwater,</b>
85 Zip Code <b>FL 34621</b>

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: Gregory A. Fox DATE: 4/24/97  
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	FVD <input type="checkbox"/> DELETE	1.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, GREGORY	1.2 NAME	Fox, Gregory
STREET ADDRESS	1424 ROSETREE CT.	1.3 STREET ADDRESS	3344 E. Lakeshore Lane
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	ATD <input type="checkbox"/> DELETE	2.1 TITLE	Coordinating V.P FVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD	2.2 NAME	Snyder, Richard
STREET ADDRESS	1430 HERCULES AVE.	2.3 STREET ADDRESS	1430 S.Hercules Avenue
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	Financial V.P. FVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN SCHWERSKY	3.2 NAME	Flashenburg, Bruce
STREET ADDRESS	1103 GLENN LANE	3.3 STREET ADDRESS	13180 84th Terr. N.
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	Seminole, FL 34646
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer FVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GREENE	4.2 NAME	Polur, Lou
STREET ADDRESS	3098 OAK CREEK DRIVE, N	4.3 STREET ADDRESS	14170 Spoonbill Lane
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Secretary S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTOCK, SHEILA	5.2 NAME	Strikowsky, Stephanie
STREET ADDRESS	3021 STATE RD 590 #411	5.3 STREET ADDRESS	2432 Stag Run Blvd.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Gregory A. Fox DATE: 4/27/97  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)