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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortiflem . .,

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

763353

(0)

TEMPLE B'NAI ISRAEL, INC.

FILED

May 29 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address				
1685 S. BELCHER ROAD CLEARWATER FL 34624		1685 S. BELCHER ROAD CLEARWATER FL 34624-6561				
				Date Incorporated or Qualified	3a. Date of Last Re	port
				05/18/1982	01/25/199	<i>1</i> 6
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1404489		olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A Fee Red	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	Uav Ra
:3		28		Trust Fund Contribution	☐ Added to	
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax under s.	199.032.
4	25	29	30		Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
			61 Name	Crocory For		
DAVID (REFNE		B2 Street	Gregory Fox Address (P.O. Box Number is Not Acceptab	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	AK CREEK DRIVE, N.			·	•	
	· ·		83 3 3 4 4	4 E. Lake Shore Land	<u> </u>	
CHEAN	VATER FL 34621		["]			
			84 City		85 Zip C	
			Cle	earwater,	FL 346	21
11. Piùrsuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Stat e of Florida, Such change was	utes, the above-named	corporation submits this statement for the poration's board of directors. I hereby acception	ourpose of changing its	registered
	egistered agent, or both, in the Stat	o ul muliua. Such change wa	a anniorizon by nio cont	constituting bodituros directors. I hereby accep	or the appointment as i	a Aletel en
agent. I a	im tamiliar with, and accept the obli	gations of, Section 617.0503, I	Florida Statutes.			
	im familiar with, and accept the oblig	* 1 · .	Florida Statutes.		4/24/95	
	Sieur (1	· doso	Florida Statutes. OTE: Registered Agent signature		4/24/97	······································
SIGNATURE	Signature, typed or privacy ame of registered as	· doso			DATE DATE CERS AND DIRECTORS	
SIGNATURE	Signature, typed or privacy ame of registered as OFFICERS Af	gent and title if applicable. (N	OTE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND DIRECTORS	S IN 12
SIGNATURE 12.	Signature, typed or friend are of registered as OFFICERS AF	gent and title if applicable. (NO DIRECTORS	OTE: Registered Agent signature 13. 1.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICE President PD	4/2 4/97	S IN 12
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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:

GNATURE AND THE OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/27/97

Daytime Phone # 0067575