## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

TEMPLE B'NAI ISRAEL, INC.

**FILED** May 01 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address					
1665 S. BELCHER ROAD CLEARWATER FL 34624	1685 8. BELCHER ROAD CLEARWATER FL 34624		3. Date Incorporated or Qualified 05/18/1982			
			4. FEI Number 59-1404489	Applied For Not Applicable		
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a. Mailing Address 25			8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.00 May Be Added to Fees		
City & State	City & State		7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip Country 25	29 30	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
FOX, GREGORY 3344 E LAKE SHORE LANE CLEARWATER FL 34621		81 Name 82 Street Addre 83	ess (P.O. Box Number is Not Acceptable)			
		<del>                                    </del>		1 =		

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							
SIGNATIONE	Signature, typed or printed name of registered agent and ti	tie if applicable (NOTE:	Registered Agent signature requ	uked when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND		DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	FOX, GREGORY		1.2 NAME				
STREET ADDRESS	3344 E. LAKESHORE ALNE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY+SY-ZIP				
TITLE	FVD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	SNYDER, RICHARD		2.2 NAME				
STREET ADDRESS	1430 HERCULES AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP				
TITLE	FVD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	FLASHENBURG, BRUCE		3.2 NAME				
STREET ADDRESS	13180 84TH TERR N.		3.3 STREET ADDRESS				
CITY - ST - ZNP	SEMINOLE FL		3.4. CITY - ST - ZIP				
TITLE	PD	DELETE	4.1 TITLE		☐ Change	Addition	
NAME	DAVID GREENE	•	4. 2 NAME				
STREET ADDRESS	3098 OAK CREEK DRIVE, N		4.3 STREET ADDRESS				
CITY - ST - ZIP	CLEARWATER FL		4.4 CITY - ST - ZIP				
TITLE	8	DELETE	5.1 TITLE		☐ Change	Addition	
NAME	STRIKOWSKY, STEPHANIE		5.2 NAME				
STREET ADDRESS	2432 STAG RUN BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	<u> </u>	5.4 CITY - ST - ZIP				
TITLE	TFVD	DELETE	6.1 TITLE		☐ Change	Addition	
NAME	POLUR, LOU		6.2 NAME				
STREET ADDRESS	14170 SPOONBILL LANE		6.3 STREET ADDRESS				
	MEADWATED EI						

5.4 CITY-ST-ZIP

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:

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