


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State-

DOCUMENT # 763353
 1. Entity Name
 TEMPLE B'NAI ISRAEL, INC.



Principal Place of Business
 1685 S. BELCHER ROAD
 CLEARWATER, FL 33764

Mailing Address
 1685 S. BELCHER ROAD
 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1404489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINTZ, ROBERT W
 1685 S BELCHER RD
 CLEARWATER, FL 34677

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MINTZ, ROBERT 1286 SEAGATE DR 108 SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHWERSKY, STEVE 1103 GLENN LN SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEINSTOCK, SHEILA 3021 STATE RD 590 #411 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FVP MADELYN, LISS 11823 INDIAN HILLS CT SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/09/04-80006-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: *SHEILA WEINSTOCK*
Sheila Weinstock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *06/30/04* Daytime Phone # _____