


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 763353 1. Entity Name TEMPLE B'NAI ISRAEL, INC.	
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Principal Place of Business 1685 S. BELCHER ROAD CLEARWATER, FL 33764	Mailing Address 1685 S. BELCHER ROAD CLEARWATER, FL 33764
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
1685 S. BELCHER ROAD
CLEARWATER, FL 33764

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000876177
04/11/08-80063-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, BRUCE 2402 BAYWOOD DR W DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, TODD 10043 WINDTREE BLVD SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLOR, ANNE D 1660 GULF BLVD 103 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAYMAN, EVAN 218 HIGHLAND WOODS DR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANDORF, WARREN 2951 CHANCERY LN CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Todd Siegel **TODD SIEGEL** 1/9/08 727-576-6311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #