

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768510 (0)  
1. Corporation Name  
**TEMPLE BETH EL ISRAEL, INC.**



Principal Place of Business: 4600 OLEANDER AVENUE, P.O. BOX 857146, FT. PIERCE FL 34961, US  
Mailing Address: P.O. BOX 12128, P.O. BOX 857146, FT. PIERCE FL 34979, US

3. Date Incorporated or Qualified: 05/18/1983  
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2504753	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINIS, MAX 1390 SW DORCHESTER ST. PORT ST. LUCE FL 34952				81 Name	Ralph Rosenfield		
				82 Street Address (P.O. Box Number is Not Acceptable)	525 Sherbrooke Ave.		
				83	Port St. Lucie, Fl. 34983		
				84 City	85 Zip Code	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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, the sole member, or the sole officer, as applicable, and is familiar with, and accepts, the obligations of Section 617.0504, Florida Statutes.

SIGNATURE: *Ralph Rosenfield* (NOTE: Registered Agent signature required when reinstating)

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12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRIS, WILBUR		1.2 NAME	Ralph Rosenfield	<input checked="" type="checkbox"/>		
STREET ADDRESS	2241 SW STARLING DR		1.3 STREET ADDRESS	525 Sherbrooke Ave.			
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treas.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHACHTER, MARTIN		2.2 NAME	Spencer Levin	<input checked="" type="checkbox"/>		
STREET ADDRESS	2375 SW WILD OAK WAY		2.3 STREET ADDRESS	3283 S.E. Pinto St.			
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34984	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Rec. Sec.	<input checked="" type="checkbox"/>		
NAME	WEBER, ARNOLD		3.2 NAME	James Egolf			
STREET ADDRESS	11775S DOVETAIL DR		3.3 STREET ADDRESS	9730 N.E. 16th St.			
CITY-ST-ZIP	FORT PIERCE FL		3.4 CITY-ST-ZIP	Okeechobee, Fl. 34974	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D.	<input checked="" type="checkbox"/>		
NAME	KLATCH, ROBERT		4.2 NAME	Edward Friedman			
STREET ADDRESS	4191 SW EGRET POND		4.3 STREET ADDRESS	1215 Bent Pine Cove			
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34986	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D.	<input checked="" type="checkbox"/>		
NAME	GREENBERG, MARK		5.2 NAME	Martin Schacter			
STREET ADDRESS	3352 SW BOBALINK WAY		5.3 STREET ADDRESS	2375 S.W. Wild Oak Way			
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	Palm City, Fl. 34990	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D.	<input checked="" type="checkbox"/>		
NAME	SPITOLNICK, SCOTT		6.2 NAME	Linda Greenwald			
STREET ADDRESS	651 SE STARFLOWER ST		6.3 STREET ADDRESS	1643 Nancy Lane			
CITY-ST-ZIP	PORT ST LUCIE FL		6.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: *Spencer Levin* SPENCER LEVIN 4/28/96 407-340-5230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)