

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768510 (0)**

1. Corporation Name  
**TEMPLE BETH EL ISRAEL, INC.**



Principal Place of Business <b>4600 OLEANDER AVENUE FT. PIERCE FL 34961 US</b>	Mailing Address <b>P.O. BOX 12128 FT. PIERCE FL 34979-2128 US</b>
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3. Date Incorporated or Qualified <b>05/18/1983</b>	3a. Date of Last Report <b>07/11/1996</b>
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2. Principal Place of Business <b>21 7149 US Highway #1</b>	2a. Mailing Address <b>26 P.O. Box 12128</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Port St. Lucie, Fla.</b>	City & State <b>28 Fort Pierce, Fla.</b>
Zip <b>24</b>	Zip <b>29 34979-2128</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

4. FEI Number <b>59-2504753</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ROSENFELD, RALPH  
525 SHERBROOKE AVE.  
PORT ST. LUCIE FL 34983**

**10. Name and Address of New Registered Agent**

<b>81 Name</b> <b>Same</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b>
<b>84 City</b> <b>FL</b>
<b>85 Zip Code</b>

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 **Ralph E. Rosenfield, Agent** DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRIEDMAN, EDWARD</b>	1.2 NAME	<b>Robert Klatch</b>
STREET ADDRESS	<b>1215 BENT PINE COVE</b>	1.3 STREET ADDRESS	<b>4191 SW Egret Pond</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL 34986</b>	1.4 CITY-ST-ZIP	<b>Palm City, FL, 34990</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHACTER, MARTIN</b>	2.2 NAME	<b>Sadye Harris</b>
STREET ADDRESS	<b>2375 SW WILD OAK WAY</b>	2.3 STREET ADDRESS	<b>2241 SW Starling Dr.</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	2.4 CITY-ST-ZIP	<b>Palm City, FL, 34990</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWALD, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>1643 NANCY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL 34983</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENFELD, RALPH</b>	4.2 NAME	
STREET ADDRESS	<b>525 SHERBROOKE AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL 34983</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, SPENCER</b>	5.2 NAME	
STREET ADDRESS	<b>3283 SE PINTO ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL 34984</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGOLF, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>8430 NE 16TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	6.4 CITY-ST-ZIP	

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: **Ralph E. Rosenfield** **REQUIRED** *Ralph E. Rosenfield* 561-336-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0072341

CP2E037 (9/96)