

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

**FILED**

**Mar 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>7149 US HWY #1 PORT ST LUCIE FL 34981 US</b>	Mailing Address <b>P.O BOX 12128 FT. PIERCE FL 34979 US</b>
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3. Date Incorporated or Qualified <b>05/18/1983</b>		
4. FEI Number <b>59-2504753</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

81 Name <b>Wilbur Harris</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2241 SW Starling Dr.</b>	
83	
84 City <b>Palm City</b>	85 Zip Code <b>FL 34990</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 *Wilbur Harris* DATE *3/4/98*

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

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FRIEDMAN, EDWARD</b>	
STREET ADDRESS <b>1215 BENT PINE COVE</b>	
CITY-ST-ZIP <b>PT ST LUCIE FL 34986</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SCHACTER, MARTIN</b>	
STREET ADDRESS <b>2375 SW WILD OAK WAY</b>	
CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HARRIS, SADYE</b>	
STREET ADDRESS <b>2241 SW STARLING DR</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROSENFELD, RALPH</b>	
STREET ADDRESS <b>525 SHERBROOKE AVE</b>	
CITY-ST-ZIP <b>PT ST LUCIE FL 34983</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>KLATCH, ROBERT</b>	
STREET ADDRESS <b>4191 SW EGRET POND</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>EGOLF, JAMES</b>	
STREET ADDRESS <b>9430 NE 16TH ST</b>	
CITY-ST-ZIP <b>OKEECHOBEE FL 34974</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Wilbur Harris</b>
4.3 STREET ADDRESS <b>2241 SW Starling Dr.</b>
4.4 CITY-ST-ZIP <b>Palm City, Fl. 34990</b>
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>S Frances Degnan</b>
6.3 STREET ADDRESS <b>110 SE Crosspoint Rd.</b>
6.4 CITY-ST-ZIP <b>Port St. Lucie, Fl. 34983</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Robert Klatch* DATE *3/4/98*

CR2E037 (10/97)