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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90237 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768510

1. Corporation Name
TEMPLE BETH EL ISRAEL, INC.

Principal Place of Business 7149 US HWY #1 PORT ST LUCIE FL 34981 US	Mailing Address P.O BOX 12128 FT. PIERCE FL 34979 US
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2. Principal Place of Business 21 551 SW BETHANY DR Suite, Apt. #, etc. 22 City & State 23 PORT ST. LUCIE, FL Zip 24 34986	2a. Mailing Address 26 551 SW BETHANY DR Suite, Apt. #, etc. 27 City & State 28 PORT ST. LUCIE, FL Zip 29 34986	3. Date Incorporated or Qualified -- 05/18/1983	4. FEI Number 59-2504753 59-0966647 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HARRIS, WILBUR
2241 SW STARLING DR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FRIEDMAN, EDWARD
STREET ADDRESS	1215 BENT PINE COVE
CITY-ST-ZIP	PT ST LUCIE FL 34986
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHACTER, MARTIN
STREET ADDRESS	2375 SW WILD OAK WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, SADYE
STREET ADDRESS	2241 SW STARLING DR
CITY-ST-ZIP	PALM CITY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HARRIS, WILBUR
STREET ADDRESS	2241 SW STARLING DR
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KLATCH, ROBERT
STREET ADDRESS	4191 SW EGRET POND
CITY-ST-ZIP	PALM CITY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DEGNAN, FRANCES
STREET ADDRESS	110 SE CROSSPOINT RD
CITY-ST-ZIP	PT ST LUCIE FL 34983

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T REBAS UREX
5.3 STREET ADDRESS	DONNA PIERCE
5.4 CITY-ST-ZIP	574 NW COCTINA LANE
	PORT ST. LUCIE, FL 34986
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **DONNA L. PIERCE** **3/3/99** **561-343-9549**

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

CR2E037 (11/98)