


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 768510 1. Entity Name TEMPLE BETH EL ISRAEL, INC.	
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Principal Place of Business 551 S.W. BETHANY DRIVE PORT ST LUCIE, FL 34986 US	Mailing Address 551 S.W. BETHANY DRIVE PORT ST LUCIE, FL 34986 US
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02012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-0966647	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

EICHENBAUM, TOBI
 2728 SE BAGLE DR
 PORT SAINT LUCIE, FL 34984

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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: *Tobi Eichenbaum* *Tobi Eichenbaum, President* *2/10/04*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LADERMAN, BERNARD 1179 NW LOMBARDY DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EICHENBAUM, TOBI 2728 SE EAGLE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GLUCK, MIRIAM 327 NW TUSCANY DR PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MALKIN, MARIAN 2163 SE SHELTER DR PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/03/04-80033-008 61.25

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12. 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 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: *Miriam Gluck* *1/8/04* *772-336-2424*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #