


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90056 007 \*\*\*\*61.25

<b>DOCUMENT # 768510</b> 1. Entity Name <b>TEMPLE BETH EL ISRAEL, INC.</b>	
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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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-0966647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  KLATCH, SUE 551 SW BETHANY DRIVE PORT SAINT LUCIE FL 34986	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LADERMAN, BERNARD 1179 NW LOMBARDY DR PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD MALKIN, MARIAN 2163 SE SHELTER DRIVE PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T KLATCH, SUE 272 NW TOSCANE TRAIL PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<del>VPD</del> GREENWALD, LINDA 1643 SE NANCY LANE PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	RECS KAUFFMAN, FRED 593 LAMBRUSCO DRIVE PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	Pres. Robert Polakow 2808 SE Tate Avenue Pt St Lucie, FL 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD Suzanne Brandon 213 NW Liset on way Pt St Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	2nd VPD Greenwald, Linda 1643 SE Nancy Lane Pt. St. Lucie, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Robert L. Polakow** 2/9/07 772-336-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #