

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 06, 2005  
Secretary of State

DOCUMENT# C93000000011

Entity Name: TEMPLE BETH EL

**Current Principal Place of Business:**

579 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

579 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-6192854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURMAN, MICHAEL  
12 BROADWATER DR  
ORMOND BEACH, FL 32174      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: HEASTER, LEWIS  
Address: 11 BROADRIVER RD  
City-St-Zip: ORMOND BCH, FL 32174

Title: V      ( ) Delete  
Name: HOLTZ, RICHARD  
Address: 5 CROSS CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP      ( ) Delete  
Name: SACKS, DAVID  
Address: 9 BROADWATER DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P      ( ) Delete  
Name: FURMAN, MICHAEL  
Address: 12 BROAD WATER RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP      ( ) Delete  
Name: BIGMAN, JEFFERY  
Address: 20 HUNTSMAN LOOK  
City-St-Zip: ORMOND BCH, FL 32174

Title: VP      ( ) Delete  
Name: ORFINGER, MICHAEL  
Address: 27 IROQUOIS TR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FURMAN

P

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date