
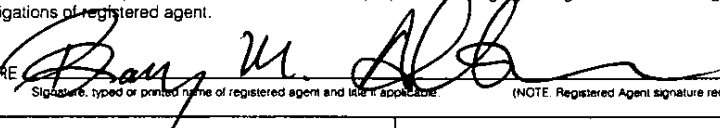
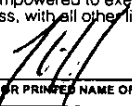


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 015 \*\*\*\*61.25

<b>DOCUMENT # C93000000011</b>					
1. Entity Name TEMPLE BETH EL					
Principal Place of Business 579 NORTH NOVA ROAD ORMOND BEACH, FL 32174			Mailing Address 579 NORTH NOVA ROAD ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6192854	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Heaster, Lewis 90 Riverside Drive Ormond Beach, FL 32176			Name Street Altman, Barry 579 N Nova Road Ormond Beach, FL 32174 City Zip Code FL		
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 			DATE 4/11/07		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEASTER, LEWIS		NAME	Heaster, Lewis	
STREET ADDRESS	11 BROADRIVER RD		STREET ADDRESS	90 Riverside Drive	
CITY-ST-ZIP	ORMOND BCH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLTZ, RICHARD		NAME	President-Elect Holtz, Richard	
STREET ADDRESS	PO BOX 731988		STREET ADDRESS	PO Box 731988	
CITY-ST-ZIP	ORMOND BEACH, FL 32713		CITY-ST-ZIP	Ormond Beach, FL 32173	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAK, JEFF		NAME	S Brok, Jeff	
STREET ADDRESS	34 OLD BRIDGE WAY		STREET ADDRESS	34 Old Bridge Way	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	IPP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURMAN, MICHAEL		NAME		
STREET ADDRESS	12 BROAD WATER RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGMAN, JEFFERY		NAME	T Bigman, Jeffrey	
STREET ADDRESS	20 HUNTSMAN LOOK		STREET ADDRESS	20 Huntsman Look	
CITY-ST-ZIP	ORMOND BCH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ORFINGER, MICHAEL		NAME	VP Konchan, Suzanne	
STREET ADDRESS	27 IROQUOIS TR		STREET ADDRESS	25 Sugar Mill Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Flagler Beach, FL 32136	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			Date: 4/11/07		Daytime Phone #: 386-677-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					