ILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:09

DOCUMENT # 723218 (4)

1. Corporation Name

TEMPLE JUDEA, INCORPORATED, OF LEE COUNTY, FLORIDA

Principal Place of Business	Mailing Address
14486 A W BULB RD. FT MYERS FL 33908	14486 A W BULB RD. FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1972
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1929265 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOANN LEWIN 1496 WHISKEY CREEK DR FT MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOANN LEWIN	1.2 NAME	
STREET ADDRESS	1496 WHISKEY CREEK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D/V	2.1 TITLE	D/V ☒ Change ☐ Addition
NAME	MARCELLE KOUSER	2.2 NAME	Linda Fried
STREET ADDRESS	6821 BOGEY DR	2.3 STREET ADDRESS	5337 Chippendale Circle
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	HARVEY COHEN	3.2 NAME	Kenneth Weiner
STREET ADDRESS	15648 FIDDLESTICKS BLVD	3.3 STREET ADDRESS	1939 Grove Avenue
CITY-ST-ZIP	FT.MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	D/S	4.1 TITLE	D/S ☒ Change ☐ Addition
NAME	REINA CSHLAGER	4.2 NAME	Shirley Lockenbach
STREET ADDRESS	662 ASTARIAS CIR	4.3 STREET ADDRESS	5709 Basswood Ct., S.W.
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	JEFFERY ROSEN M.D.	5.2 NAME	Celia Cantor
STREET ADDRESS	13612 PINE VILLA LANE	5.3 STREET ADDRESS	102 Pinebrook Dr.
CITY-ST-ZIP	FT MYERS FL 33912	5.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	LINDA FRIED	6.2 NAME	Paula Harris
STREET ADDRESS	5337 CHIPPENDALE CIR	6.3 STREET ADDRESS	31 Falconwood Court
CITY-ST-ZIP	FT.MYERS FL 33919	6.4 CITY-ST-ZIP	Ft. Myers, FL 33919

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: JoAnn Lewin JoAnn Lewin 01/12/95 (813) 433-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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