

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000558

FILED
Feb 13, 2008
Secretary of State

Entity Name: TEMPLE BETH SHOLOM - LEON KRONISH FOUNDATION, INC.

Current Principal Place of Business:

4144 CHASE AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4144 CHASE AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0654717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ALICE
4144 CHASE AVENUE
MIAMI BEACH, FL 33140 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: PRES () Delete
Name: GROFF, SHELLEY N MRS
Address: 4294 NAUTILUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: ALBERT, RONALD JR
Address: 4540 MICHIGAN AVE
City-St-Zip: MIAMI BCH, FL 33140

Title: PD () Delete
Name: DRIBIN, MICHAEL MR
Address: 4601 POST AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD (X) Delete
Name: KNOPKE, JAMES S
Address: 655 SOUTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD () Delete
Name: HIRSCHL, ANDREW DR.
Address: 3231 CALUSA STREET
City-St-Zip: COCONUT GROVE, FL 33133

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 exemption stated 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 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: SHELLEY NICELEY GROFF

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date