

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718672

Entity Name: TEMPLE SOLEL, INC.

Current Principal Place of Business:

5100 SHERIDAN STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

5100 SHERIDAN STREET
HOLLYWOOD, FL 33021

FEI Number: 23-7079611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILEN, BARRY
4600 SHERIDIAN STREET
SUITE 300
HOLLYWOOD, FL 33021 US

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

Officer/Director Detail :

Title VP, EDUCATION
Name ROBB, WILENTZ
Address 10938 GARDEN RIDGE CT
City-State-Zip: DAVIE FL 33328

Title PRESIDENT/DIRECTOR
Name ADLER, JASON
Address 3151 N 36 STREET
City-State-Zip: HOLLYWOOD FL 33021

Title VP, MEMBERSHIP
Name MEDOW, JODI
Address 3120 N 34TH STREET
City-State-Zip: HOLLYWOOD FL 33021

Title VP, FUNDRAISING
Name CHASE, JENNIFER
Address 3150 N 34 STREET
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER
Name TOPPING, DAVID
Address 3458 LAUREL OAKS LANE
City-State-Zip: HOLLYWOOD FL 33021

Title FINANCE SECRETARY
Name TOPPING, DAVID
Address 3458 LAUREL OAKS LANE
City-State-Zip: HOLLYWOOD FL 33021

Title RECORDING SECRETARY
Name HAIMO, DANA
Address 10628 ZURICH STREET
City-State-Zip: COOPER CITY FL 33026

Title PRESIDENT BROTHERHOOD
Name MATLOW, DAN
Address 1819 SE 17 STREET
APT 502
City-State-Zip: FORT LAUDERDALE FL 33316

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DAVID TOPPING

FINANCIAL SECRETARY

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT SISTERHOOD
Name JACOBOWITZ, MAXINE
Address 4902 SARAZEN DRIVE
City-State-Zip: HOLLYWOOD FL 33021