

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768510

Entity Name: TEMPLE BETH EL ISRAEL, INC.

Current Principal Place of Business:

551 S.W. BETHANY DRIVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

551 S.W. BETHANY DRIVE
PORT ST LUCIE, FL 34986 US

FEI Number: 59-0966647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRUMENACKER, FAITH
551 SW BETHANY DRIVE
PORT SAINT LUCIE, FL 34986 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: FAITH KRUMENACKER

04/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KRUMENACKER, FAITH
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name POLK, MARY ANN
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title SECOND VICE PRESIDENT
Name DECEASED, WILLIAM WEBER
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title RECORDING SECRETARY
Name FELDMAN, RAYMOND
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title FIRST VICE PRESIDENT
Name ZEFF, MICHAEL
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title FINANCIAL SECRETARY
Name POULTER, EVELYN
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title CORRESPONDING SECRETARY
Name SCHLEIN, SUSAN
Address 551 S.W. BETHANY DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

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: FAITH KRUMENACKER

PRESIDENT

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date