

**2019 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:**

KLATCH, SUZANNE  
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:** SUZANNE KLATCH

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title            CORRESPONDING SECRETARY  
Name            SCHWARTZ, SUE  
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:** SUE KLATCH

**TREASURER**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date