2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# 703455

Entity Name: TEMPLE EMANUEL INC

Current Principal Place of Business:

600 LAKE HOLLINGSWORTH DR.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

600 LAKE HOLLINGSWORTH DR.
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-0915228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RABIN, GARY S
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 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:	DVP	( ) Delete
Name:	ESTROFF, HARRIS	
Address:	1255 JEFFERSON DRIVE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	DT	( ) Delete
Name:	RABIN, GARY S	
Address:	ONE LAKE MORTON DRIVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	DVP	( ) Delete
Name:	FRIEDMAN, BARRY	
Address:	520 SHADY LANE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	DVP	( ) Delete
Name:	RENZ, JANE	
Address:	718 WEDGEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	COHEN, GERALD	
Address:	4312 FOREST HILL DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
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: GARY S. RABIN D T 04/20/2008

Electronic Signature of Signing Officer or Director — Date