2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #705177

1. Entity Name

TEMPLE BETH-EL OF ST PETERSBURG, FLORIDA, INCORPORATED



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

400 PASADENA AVENUE S ST. PETERSBURG, FL 33707 400 PASADENA AVENUE S ST. PETERSBURG, FL 33707



01162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	 Applied For
59-0711184	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

GOLDMAN, STEPHEN H 400 PASADENA AVE SO SAINT PETERSBURG, FL 33707 DO NOT WRITE

SAINT PE	TERSBURG, FL 33707			IN	THIS S	PACE	
	named entity submits this statement for the putions of registered agent.	rpose of changing its registere	d office or re	gistered agent, or b	oth, in the State of	Florida I am fam	iliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if a	applicable (NOTE Registered	Agent signature	required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	04/03/	000861395 08-80007-	021 61.25
10.	OFFICERS AND DIRECTORS			有"品",2000年1000代代		· 经产生的	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, STEPHEN 8573 W GULF BLVD TREASURE ISLAND, FL 33706						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, HOWARD 111 ESTADO WAY NE SAINT PETERSBURG, FL 33704						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDSON, RUTH 3384 35TH AVE N SAINT PETERSBURG, FL 33710			DC) NOT \	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD MITTER, President

3/14/08

Daytime Phone #