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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:10

DOCUMENT # 708291 (0)

1. Corporation Name

TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, INC.

Principal Place of Business	Mailing Address
500 JOEL BLVD. LEHIGH ACRES FL 33936	500 JOEL BLVD. LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1964
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2318135 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SOKOL, NORMAN
1608 RIDGECREST ST
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, ALLEN	1.2 NAME	
STREET ADDRESS	315 HOLLYWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	FINKLER, ANNE	2.2 NAME	
STREET ADDRESS	314 NORTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	SOKOL, NORMAN	3.2 NAME	
STREET ADDRESS	1608 RIDGECREST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, LILA	4.2 NAME	
STREET ADDRESS	122 DANIA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	REESE, BRUNO	5.2 NAME	D MARX, FRED
STREET ADDRESS	364 GARLAND CT.	5.3 STREET ADDRESS	343 EASTON COURT
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	5.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33936
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, SAM	6.2 NAME	
STREET ADDRESS	330 SUFFOLK CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Sokol NORMAN SOKOL 1/12/94 813/369-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0010702