

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708291** (0)
1. Corporation Name
TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, INC.



Principal Place of Business 500 JOEL BLVD. LEHIGH ACRES FL 33936	Mailing Address P.O. BOX 534 LEHIGH ACRES FL 33936
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3. Date Incorporated or Qualified 12/22/1964	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2318135	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMSON, LILA
222 DANIA CIRCLE
LEHIGH ACRES FL 33972**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSLER, MYRA	
STREET ADDRESS	305 THOMPSON ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINKLER, ANNE	
STREET ADDRESS	314 NORTH AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, LILA	
STREET ADDRESS	222 DANIA CIRCLE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPERBER, MARJ	
STREET ADDRESS	9808 MAPLECREST CIRCLE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELDMAN, ART	
STREET ADDRESS	198 E. JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHACHERL, WALTER	
STREET ADDRESS	1526 MARKDALE ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	TOBIAS, Mary
2.4 CITY-ST-ZIP	3743 SE 3rd Pl. Cape Coral, Fl. 33904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Leona Held
5.3 STREET ADDRESS	2 Parkwood Villas Court
5.4 CITY-ST-ZIP	Lehigh Acres, Fl. 33936
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Lila Williamson Lila Williamson Feb. 22, 1998 941-3696666

CR2E037 (10/97)