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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708291

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2318135	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

WILLIAMSON, LILA
222 DANIA CIRCLE
LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name	CHAET, RICHARD	
82 Street Address (P.O. Box Number is Not Acceptable)	313 Lake Avenue	
83		
84 City	Lehigh Acres	FL 85 Zip Code 33972

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 *Richard H. Chaet* / **RICHARD H. CHAET PRESIDENT** 1/15/99

Signature, typed or printed name of registered agent and title if applicable.

(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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, MYRA	1.2 NAME	
STREET ADDRESS	305 THOMPSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIAS, MARY	2.2 NAME	
STREET ADDRESS	3743 SE 3RD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, LILA	3.2 NAME	CHAET, RICHARD
STREET ADDRESS	222 DANIA CIRCLE	3.3 STREET ADDRESS	313 Lake ave.
CITY-ST-ZIP	LEHIGH ACRES FL 33972	3.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33972
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, MARLI	4.2 NAME	
STREET ADDRESS	9808 MAPLECREST CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELD, LEONA	5.2 NAME	WILLIAMSON, LILA
STREET ADDRESS	2 PARKWOOD VILLAS COURT	5.3 STREET ADDRESS	222 Dania Circle
CITY-ST-ZIP	LEHIGH ACRES FL 33936	5.4 CITY-ST-ZIP	Lehigh Acres, Fl. 33972
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACHERL, WALTER	6.2 NAME	MORSE, JACK
STREET ADDRESS	1526 MARKDALE ST.	6.3 STREET ADDRESS	2 Hamilton Ave.
CITY-ST-ZIP	LEHIGH ACRES FL 33936	6.4 CITY-ST-ZIP	Lehigh Acres, Fl. 33972.

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, with all other like empowered.

SIGNATURE: *Richard H. Chaet* / **RICHARD H. CHAET PRESIDENT** 1/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #