
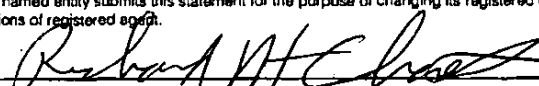
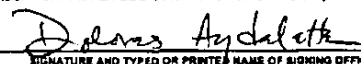


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 007 \*\*\*\*61.25

<b>DOCUMENT # 708291</b> 1. Entity Name <b>TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, INC.</b>					
Principal Place of Business <b>500 JOEL BLVD. LEHIGH ACRES, FL 33936</b>			Mailing Address <b>P.O. BOX 534 LEHIGH ACRES, FL 33936</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>59-2318135</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CHAET, RICHARD 608 RICHMOND AVE LEHIGH ACRES, FL 33972</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSLER, MYRA 305 THOMPSON ST. LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Betty O'Harran 612 Aston Lake Ct Lehigh Acres, 33972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FELDMAN, SYLVIA 198 E JOEL BLVD LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Nancy Levin 18535 Tulip Rd Fort Myers, 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAET, RICHARD 608 RICHMOND N LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOORE, DOLORES 418 MAGNOLIA AVE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Dolores Moore Aydelotte 418 Magnolia Avenue Lehigh Acres, 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZZA, BONNIE 709 LAKE DR EAST LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORSE, JACK 2 HAMILTON AVENUE LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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:  DATE <b>1/30/06</b> DAYTIME PHONE # <b>239-369-5534</b>					



ATTACHMENT

40034771

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, INC.  
P.O. BOX 534  
LEHIGH ACRES, FL 33936

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

Reference Number:

708291

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION