2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2007 08:00 AM **DOCUMENT # 708291** 1. Entity Name **Secretary of State** TEMPLE EMANU-EL OF LEHIGH ACRES, FLORIDA, Principal Place of Business Mailing Address P.O. BOX 534 LEHIGH ACRES FL 33936 500 JOEL BLVD. LEHIGH ACRES FL 33936 ate in the second secon 2. Principal Placo of Business - No P.O Box # 3. Mailing Address Suite Apl. #, etc. Suite, Apt. #. etc 1st MOORE CR2E037 (10/06) Applied For 4. FEI Number City & State City & State 59-2318135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo CHAET, RICHARD 608 RICHMOND AVE Stroot Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33972 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. ☐ Addition Change ☐ Delete HILE THILL NAME NAME KESSLER, MYRA U00000646176 STRUET ADDRESS STREET ADDRESS 305 THOMPSON ST. 03/06/07-80020-005 61.25 LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY - ST- ZIP Change Addition TILLE ☐ Defete TITLE NAME NAME LEVIN, NANCY SIREET ADDRESS STREET ADDRESS 18525 TULIP RD FORT MYERS FL 33912 CITY-S1-ZIP CHY-ST-ZIP Addition The Change TITLE Defete HILL NAME NAME CHAET, RICHARD STREET ADDRESS STREET ADDRESS **608 RICHMOND N** CITY-ST-ZIP CITY-ST-7IP LEHIGH ACRES FL 33972 ☐ Change Addition TITLE ☐ Delete TOTAL NAME. NAME MOORE-AYDELETTE, DOLORES STREET ADDRESS STREET ADDRESS 418 MAGNOLIA AVE CITY-ST-ZIP CITY-ST-ZIE LEHIGH ACRES FL 33936 Addition ☐ Change Delete THILE MAZZA, BONNIE NAME NAME STREET ADDRESS STREET ADORESS 709 LAKE DR EAST CITY-ST-7IP CITY-ST-ZIP LEHIGH ACRES FL 33936 □ Change Addition Defete TITLE VΡ THLE NAME NAME MORSE, JACK STREET ADDRESS STREET ADDRESS 2 HAMILTON AVENUE CITY-S1-7IP CITY - ST- 7IP LEHIGH ACRES FL 33972

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

FILED

369-5534