

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 018 ****61.25

DOCUMENT # 708719

1. Entity Name
TEMPLE ISRAEL OF BREVARD COUNTY, INC.



Principal Place of Business
**7350 LAKE ANDREW DRIVE
MELBOURNE, FL 32940 US**

Mailing Address
**7350 LAKE ANDREW DRIVE
MELBOURNE, FL 32940 US**

40076759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1061563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, HARRY
800 E MERRITT ISLAND CAUSEWAY
SUITE 202
MERRITT ISLAND, FL 32932**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 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 PD ☒ Delete
NAME MILES, CAROL
STREET ADDRESS 7350 LAKE ANDREW DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☒ Addition
NAME Debra Young
STREET ADDRESS 7350 Lake Andrew Dr
CITY-ST-ZIP Melbourne FL 32940

TITLE 1VPD ☒ Delete
NAME YOUNG, DEBRA
STREET ADDRESS 7350 LAKE ANDREW DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☒ Addition
NAME Saul Broxstein
STREET ADDRESS 7350 Lake Andrew Dr
CITY-ST-ZIP Melbourne FL 32940

TITLE 2VPD ☒ Delete
NAME KERNESS, BARRY
STREET ADDRESS 7350 LAKE ANDREW DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☒ Addition
NAME MaHone Winsten
STREET ADDRESS 7350 Lake Andrew Dr
CITY-ST-ZIP Melbourne FL 32940

TITLE TD ☐ Delete
NAME ROSENBERG, TOM
STREET ADDRESS 7350 LAKE ANDREW DR
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Cateless Administration
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

321-631-9494

Daytime Phone #