

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709339

FILED
Mar 20, 2009
Secretary of State

Entity Name: TEMPLE BETH ISRAEL, INC.

Current Principal Place of Business:

10197 WEST SUNRISE BLVD
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

10197 WEST SUNRISE BLVD
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 59-1113470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, DAVID
100 S.E. THIRD AVENUE
SUITE 900 ONE FINANCIAL PLAZA
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RUBINOFF, RONALD
Address: 501 N.W. 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: PRES () Delete
Name: COHN, ELAINE
Address: 5341 SW 21 COURT
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: FELDMAN, SHELDON
Address: 7141 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: TRES () Delete
Name: SHAPIRO, RICHARD
Address: 2301 NE 19TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: SECY () Delete
Name: FELDMAN, MARSHA
Address: 7141 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: REINSTEIN, LOUIS
Address: 220 NW 101ST AVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE COHN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date