

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 711488

1. Entity Name
TEMPLE ZION ISRAELITE CENTER, INC.



Principal Place of Business
**9400 SW 87 AVE
MIAMI, FL 33176**

Mailing Address
**3041 NW 7TH STREET #100
MIAMI, FL 33125**



04082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0803205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KREUTZER, FRANKLIN D
8615 SW 48 STREET
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KREUTZER, FRANKLIN D
STREET ADDRESS 8615 SW 48 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE SD
NAME WRUBLE, RAE
STREET ADDRESS 15303 SW 84 CT.
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME EXELBERT, MICHAEL
STREET ADDRESS 11590 S BUDD DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33026

TITLE TD
NAME WEISS, ISABELLE
STREET ADDRESS 15275 SW 84 CT.
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000708672
04/24/07-80123-014 61.25

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____

[Handwritten Signature]

4/11/07 (307271) 20