

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90177 042 ****61.25

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

DO NOT WRITE IN THIS SPACE

04292008 No Chg-NP

CR2E037 (4/06)

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

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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 \$61.25
Due by May 1, 2008**

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 (305) 271-2311