

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

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 712756

1. Entity Name
TEMPLE EMANU-EL OF GREATER MIAMI, INC.



Principal Place of Business
**1701 WASHINGTON AVE
MIAMI BEACH, FL 33139**

Mailing Address
**1701 WASHINGTON AVE
MIAMI BEACH, FL 33139**



03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0711180

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEHRMAN, RICHARD A
777 41ST ST
4TH FL
MIAMI BCH, FL 33140**

**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 \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	JACOBS, JERRY A
STREET ADDRESS	5600 COLLINS AVE APT. 4E
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP/D
NAME	KAPLAN, IAN
STREET ADDRESS	1717 N. BAYSHORE DR. SUITE 2000
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	CO/D
NAME	TENENBAUM, LEON
STREET ADDRESS	7270 NW 12TH STREET, STE 250
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/07-80006-011 61.25

**DO NOT WRITE
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 reports 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 #

03/31/07

305-598-2503