

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715005 (5)
1. Corporation Name
TEMPLE EMANU-EL OF GREATER FORT LAUDERDALE



Principal Place of Business: 3245 W. OAKLAND PARK BLVD FT LAUDERDALE FL 33311
Mailing Address: 3245 W. OAKLAND PARK BLVD FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified 07/25/1968	3a. Date of Last Report 02/13/1995
4. FEI Number 59-0714816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ARTHUR, SCHWEBEL
TEMPLE EMANU-EL
3245 W OAKLAND PARK BLVD
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent 81 Name Alfred Samuels 82 Street Address (P.O. Box Number is Not Acceptable) Temple Emanu-El 83 3245 West Oakland Park Boulevard 84 City Fort Lauderdale 85 Zip Code FL 33311
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11. Pursuant to the provisions of Sections 617.002 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Alfred Samuels* **Alfred Samuels** DATE: **January 16, 1996**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President
STREET ADDRESS	ALFRED, SAMUELS
CITY-ST-ZIP	3245 W OAKLAND PK. BLVD FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPT
STREET ADDRESS	HIRSCH, BETTY
CITY-ST-ZIP	3245 W OAKLAND PARK BLVD FT LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VPT
STREET ADDRESS	BLINCHIKOFF, HAROLD
CITY-ST-ZIP	3245 W OAKLAND PARK BLVD FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	FST
STREET ADDRESS	NACHMAN, STEVEN
CITY-ST-ZIP	3245 W OAKLAND PARK BLVD FT LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T
STREET ADDRESS	ALVEN S. GHERTNER, TEMPLE EMANU-EL
CITY-ST-ZIP	3245 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Maurice Goldstein
CITY-ST-ZIP	3245 West Oakland Park Boulevard Fort Lauderdale, Fla. 33311
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Carol Clarkson
CITY-ST-ZIP	3245 West Oakland Park Boulevard Fort Lauderdale, Fla. 33311
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Herbert Yevelson
CITY-ST-ZIP	2213 N.E. 17th Court Fort Lauderdale, Fla. 33311
6.1 TITLE	
NAME	700001756857
STREET ADDRESS	-03/26/96--01031--030
CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred Samuels* **Alfred Samuels** DATE: **1/16/96** (305) 731-2310

CR2E037 (12/95)