

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
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☐ 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

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

11. Pursuant to the provisions of Sections 617.502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

January 16, 1996

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	ALFRED, SAMUELS	
STREET ADDRESS	3245 W OAKLAND PK. BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HIRSCH, BETTY	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BLINCHIKOFF, HAROLD	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	FST	<input type="checkbox"/> DELETE
NAME	NACHMAN, STEVEN	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALVEN S. GHERTNER, TEMPLE EMANU-EL	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maurice Goldstein	
1.3 STREET ADDRESS	3245 West Oakland Park Boulevard	
1.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33311	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carol Clarkson	
3.3 STREET ADDRESS	3245 West Oakland Park Boulevard	
3.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33311	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Herbert Yevelson	
5.3 STREET ADDRESS	2213 N.E. 17th Court	
5.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33311	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred Samuels 1/16/96 731-2310

(305)

Daytime Phone

CR2E037 (12/95)