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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
3245 W. OAKLAND PARK BLVD 3245 W. OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-1231

3. Date Incorporated or Qualified 07/25/1968 3a. Date of Last Report 03/25/1996  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUELS, ALFRED  
TEMPLE EMANU-EL  
3245 W OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33311

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE P ☐ DELETE  
NAME ALFRED, SAMUELS  
STREET ADDRESS 3245 W OAKLAND PK. BLVD  
CITY-ST-ZIP FT LAUDERDALE FL  
TITLE VP CORRECTION ☐ DELETE  
NAME GOLDSTEIN, MAURINE  
STREET ADDRESS 3245 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE VP ☒ DELETE  
NAME CLARKSON, CAROL  
STREET ADDRESS 3245 WEST OAKLAND PARK BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE FST ☐ DELETE  
NAME NACHMAN, STEVEN  
STREET ADDRESS 3245 W OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE FL  
TITLE T ☐ DELETE  
NAME YEVELSON, HERBERT  
STREET ADDRESS 2213 N.E. 17TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME CORRECTION  
2.3 STREET ADDRESS MAURICE  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Pres. 1/2/97 (954) 731-2310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)