

2/18/98 13-2288 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 	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	Mailing Address
3245 W. OAKLAND PARK BLVD FT LAUDERDALE FL 33311	3245 W. OAKLAND PARK BLVD FT LAUDERDALE FL 33311

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	07/25/1968
4. FEI Number	59-0714816
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Herbert Yevelson
82 Street Address (P.O. Box Number is Not Acceptable)	Temple Emanu-El 3245 West Oakland
83	Park Boulevard
84 City	Fort Lauderdale
85 Zip Code	FL 33311

11. 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 _____ DATE _____ (954) 731-2310

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALFRED, SAMUELS	
STREET ADDRESS	3245 W OAKLAND PK. BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, MAURICE	
STREET ADDRESS	3245 WEST OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	FSTD	<input checked="" type="checkbox"/> DELETE
NAME	NACHMAN, STEVEN	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	YEVELSON, HERBERT	
STREET ADDRESS	2213 N.E. 17TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herbert Yevelson	
1.3 STREET ADDRESS	Temple Emanu-El	
1.4 CITY-ST-ZIP	3245 W. Oakland Pk. Blvd., Ft. Laud., FL 33311	
2.1 TITLE	Dr. Stanley S. Goodman VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3245 West Oakland Park Boulevard	
2.3 STREET ADDRESS	Fort Lauderdale, Fla. 33311	
2.4 CITY-ST-ZIP	Vice President	
3.1 TITLE	Michael Eisenberg FSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3245 West Oakland Park Boulevard	
3.3 STREET ADDRESS	Fort Lauderdale, Fla. 33311	
3.4 CITY-ST-ZIP	Financial Secretary	
4.1 TITLE	Alven S. Ghertner TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3245 West Oakland Park Blvd.	
4.3 STREET ADDRESS	Fort Lauderdale, Fla. 33311	
4.4 CITY-ST-ZIP	Treasurer	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: _____

(954) 731-2310

CR2E037 (10/97)