

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715005

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/25/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0714816	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HERBERT YEVELSON
TEMPLE EMANU-EL
3245 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name **Dr. Stanley S. Goodman**
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 617.0502 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 **Dr. Stanley S. Goodman, President**

1/8/99

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

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT YEVELSON	1.2 NAME	Dr. Stanley S. Goodman
STREET ADDRESS	TEMPLE EMANU-EL 3245 W OAKLAND PK BLV	1.3 STREET ADDRESS	3245 West Oakland Pk. Blvd.
CITY-ST-ZIP	FT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33311
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Stanley Marks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR STANLEY S GOODMAN	2.2 NAME	3245 West Oakland Pk. Blvd.
STREET ADDRESS	3245 WEST OAKLAND PARK BOULEVARD	2.3 STREET ADDRESS	Fort Lauderdale, Fla. 33311
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	FSTD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL EISENBURG	3.2 NAME	Michael Eisenberg
STREET ADDRESS	3245 W OAKLAND PARK BLVD	3.3 STREET ADDRESS	3245 West Oakland Pk. Blvd.
CITY-ST-ZIP	FT LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	Fort Lauderdale, Fla.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ALVEN S GHERTNER	4.2 NAME	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Financial Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Edna Tarnove
STREET ADDRESS		5.3 STREET ADDRESS	3245 West Oakland Pk. Blvd. 33311
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Lauderdale, Fla.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/8/99 (954) 731-2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)