

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90103 018 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/25/1968	4. FEI Number 59-0714816 Applied For 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
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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 DATE 1/8/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS

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

SIGNATURE: SIGNATURE REQUIRED DATE: 1/8/99 (954) 731-2310  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (1/98)