

DOCUMENT # 715005

1. Entity 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 FLA 33311-1231

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GOODMAN, STANLEY S DR
TEMPLE EMANU-EL
3245 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Sylvia Friedman

Street Address (P.O. Box Number is Not Acceptable)

7506 Ironbridge Circle

Delray Beach, Florida 33446

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/00

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, STANLEY S DR	
STREET ADDRESS	TEMPLE EMANU-EL 3245 W OAKLAND PK BLV	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARKS, STANLEY T	
STREET ADDRESS	3245 WEST OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	V	<input type="checkbox"/> Delete
NAME	MICHAEL EISENBURG T	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALVEN S GHERTNER T	
STREET ADDRESS	3245 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	S Financial Secretary	<input type="checkbox"/> Delete
NAME	TARNOVE, EDNA T	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Friedman	
STREET ADDRESS	7506 Ironbridge Circle	
CITY-ST-ZIP	Delray Beach, Fla. 33446	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Harry Cohen T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Temple Emanu-El	
STREET ADDRESS	3245 W. Oakland Park Boulevard	
CITY-ST-ZIP	Fort Lauderdale, Fla. 33311	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sylvia Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sylvia Friedman

1/3/00

Date

(954)731-2310

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-22-2000 90010 045 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0714816

Applied For

Not Applicable

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

CR2E037 (9/99)