


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723218 (4)**  
1. Corporation Name  
**TEMPLE JUDEA, INCORPORATED, OF LEE COUNTY, FLORIDA**

Principal Place of Business 14486 A W BULB RD. FT MYERS FL 33908	Mailing Address 14486 A W BULB RD. FT MYERS FL 33908
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3. Date Incorporated or Qualified <b>04/20/1972</b>		
4. FEI Number <b>59-1929265</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
FRIED, LINDA  
2524 EAST 1ST STREET  
FT MYERS FL 33904

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	JOANN LEWIN	
STREET ADDRESS	1496 WHISKEY CREEK DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FRIED, LINDA	
STREET ADDRESS	5337 CHIPPENDALE CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, LENNETH	
STREET ADDRESS	1939 GROVE AVENUE	
CITY-ST-ZIP	FT. MYER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LOCKENBACH, SHIRLEY	
STREET ADDRESS	5709 BASSWOOD CT., SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, BETTY	
STREET ADDRESS	13301 PONDEROSA WAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, ELLEN	
STREET ADDRESS	6004 WHITE HERON LANE	
CITY-ST-ZIP	SNIBEL F	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IDELSON, CHARLES	
1.3 STREET ADDRESS	P.O. Box 3454	
1.4 CITY-ST-ZIP	Ft Myers, Fl. 33918	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRIED, LINDA	
2.3 STREET ADDRESS	1104 S. E 1st Terr.	
2.4 CITY-ST-ZIP	Cape Coral, Fl. 33990	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERSHOWSKY, STEVE	
3.3 STREET ADDRESS	19530 Devonwood Circle	
3.4 CITY-ST-ZIP	Ft Myers, Fl. 33912	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fix, Brett	
6.3 STREET ADDRESS	1301 meleuca lane	
6.4 CITY-ST-ZIP	Ft. Myers, Fl. 33901	

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ *1/14/98 337-1653*

CR2E037 (10/97)