

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723218

FILED  
Feb 05, 2008  
Secretary of State

**Entity Name:** TEMPLE JUDEA, INCORPORATED, OF LEE COUNTY, FLORIDA

**Current Principal Place of Business:**

14486 A&W BULB RD.  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

14486 A&W BULB RD.  
FT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 59-1929265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBIN, MAYER L  
14811 LAKE OLIVE DRIVE  
FORT MYERS, FL 33919      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: IDELSON, CHARLES K CO-PRES  
Address: 13792 PINE VILLA  
City-St-Zip: FORT MYERS, FL 33912

Title: DP      ( ) Delete  
Name: RUBIN, MAYER L CO-PRES  
Address: 14811 LAKE OLIVE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: T      ( ) Delete  
Name: SCHLAGER, REINA TREAS.  
Address: 820 CAPE VIEW DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: S      ( ) Delete  
Name: GLOCER, HELENE SEC.  
Address: 1927 SE 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYER L. RUBIN, CO-PRESIDENT

DP

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date