

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723218

FILED  
Feb 05, 2009  
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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

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:

CORRENTI, ROBIN PRES  
11351 COMPASS POINT DRIVE  
FORT MYERS, FL 33908 US

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: ROBIN CORRENTI

02/05/2009

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CORRENTI, ROBIN PRES  
Address: 11351 COMPASS POINT DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: S (X) Change ( ) Addition  
Name: STEIN DIAMOND, LISA SEC  
Address: 14043 CLEAR WATER LANE  
City-St-Zip: FORT MYERS, FL 33912 US

Title: T (X) Change ( ) Addition  
Name: BRETT HOLTZ, STEVE TREAS  
Address: 14694 TRIPLE EAGLE COURT  
City-St-Zip: FORT MYERS, FL 33912 US

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: ROBIN CORRENTI

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date