

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730322** (5)

1. Corporation Name

TEMPLE BETH DAVID JEWISH CENTER, INC.



Principal Place of Business

Mailing Address

13833 E LINDEN DR
SPRING HILL FL 34606
US

PO BOX 5361
SPRING HILL FL 34606
US

3. Date Incorporated or Qualified
07/31/1974

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6610984

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREIDMAN, SHEILA
2307 DRESSSEL AVE
SPRINGHILL FL 34609**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SHAW, MARLENE	1.2 NAME	
STREET ADDRESS	1208 VENETIA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34605 34608	1.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	V	2.1 TITLE	VP
NAME	OTERWEIL, EVERETT	2.2 NAME	GRANT, TED
STREET ADDRESS	9350 FOX HOLLOW LANE	2.3 STREET ADDRESS	243 DEER TRAIL LANE
CITY-ST-ZIP	BROOKVILLE FL 34613	2.4 CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	S	3.1 TITLE	S.D
NAME	BERNSTEIN, MYRA	3.2 NAME	
STREET ADDRESS	5359 FRANCONIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606 34606	3.4 CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	T	4.1 TITLE	T.P
NAME	PARENT, DEBORAH	4.2 NAME	600001791276
STREET ADDRESS	6391 EVARO AVE	4.3 STREET ADDRESS	-04/23/96--01145--024
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	***61.25
TITLE	V	5.1 TITLE	VPD
NAME	LIEBERMAN, IRWIN	5.2 NAME	
STREET ADDRESS	13613 FALKIRK LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606 34610	5.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	S	6.1 TITLE	S.D
NAME	FOREMAN, SUSAN	6.2 NAME	
STREET ADDRESS	4201 TAMOICO TRAIL	6.3 STREET ADDRESS	4201 TAMOICO TRAIL
CITY-ST-ZIP	SPRING HILL FL 34607	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myra S. Bernstein Financial Secy 4/4/96 686-7034

Date

Daytime Phone #

CR2E037 (12/95)