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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730322

1. Corporation Name

TEMPLE BETH DAVID JEWISH CENTER, INC.

Principal Place of Business

13833 E LINDEN DR
 SPRING HILL FL 34609
 US

Mailing Address

PO BOX 5361
 SPRING HILL FL 34606
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

P.O. Box 5361

Suite, Apt. #, etc.

27

*City & State
 SPRING HILL, FL*

28

*Zip Country
 34611 U.S.A.*

29

30

3. Date Incorporated or Qualified

07/31/1974

4. FEI Number

59-6610984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **P** DELETE

NAME **GRANT, TED**
 STREET ADDRESS **2431 DEER TRAIL LANE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **V** DELETE

NAME **LIEBERMAN**
 STREET ADDRESS **13613 FALKIRK LANE**
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **SD** DELETE

NAME **BERNSTEIN, MYRA**
 STREET ADDRESS **5359 FRANCONIA AVE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** DELETE

NAME **PARENT, DEBORAH**
 STREET ADDRESS **6391 EVARO AVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VD** DELETE

NAME **PARENT, LEON J**
 STREET ADDRESS **6391 E VARO AVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **SD** DELETE

NAME **TARLUN, LILLIAN**
 STREET ADDRESS **8148 PAGODA DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition

1.2 NAME **GRANT, TED**
 1.3 STREET ADDRESS **7418 BRIDGEWATER LANE**
 1.4 CITY-ST-ZIP **SPRING HILL FL 34606**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowerments.

SIGNATURE: *MYRA BERNSTEIN* **BERNSTEIN, MYRA** *2/23/99* **352-683-5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)