


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90016 047 ****61.25

DOCUMENT # 730322

1. Entity 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 34611 US**

2. Principal Place of Business
13158 ANTELOPE ST

3. Mailing Address
13158 ANTELOPE ST

Subs, Apt. #, etc.

01252004 Chg-NP CR2E037 (10/03)

City & State **SPRING HILL**

4. FEI Number
59-6610984

Applied For
 Not Applicable

Zip **34609** Country **HERNANDO**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when substituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, MARLENE 1208 VENETIA DR SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SATZ, RICHARD 7368 CLEARMEADOW DR. SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ZISKIND, SHARON 8054 BELLEVISTA CT. SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDMAN, SHEILA 2307 DRESSEL AVE. BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MARSHALL, MARILYN 4310 HUNTERS PASS BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARENT, DEBORAH 6391 EVARO AVE SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SATZ, DICK 7368 CLEARMEADOW DRIVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VD ALLEN, CARA 13177 DON LOOP SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VD MARSHALL, MARILYN 4310 HUNTERS PASS BROOKSVILLE, FL-34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ZISKIND, SHARON 8054 BELLAVISTA CT SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLANDER, WILMA 14476 MIDDLE FAIRWAY DR BROOKSVILLE, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR D FRIEDMAN, SHEILA 2307 DRESSEL AVE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dick Satz DICK SATZ 01/02/04 352 686-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayOne Phone #