


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 730322
 1. Entity Name
 TEMPLE BETH DAVID JEWISH CENTER, INC.



Principal Place of Business Mailing Address
 13158 ANTELOPE ST. 13158 ANTELOPE ST.
 SPRING HILL, FL 34609 US SPRING HILL, FL 34611 US

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6610984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FREIDMAN, SHEILA
 12436 FERNDAL CT.
 HUDSON, FL 34669

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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: Sheila Friedman SHEILA FRIEDMAN 1/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ALLEN, CARA 13177 DON LOOP SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARSHALL, MARILYN 4310 HUNTERS PASS SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ZISKIND, SHARON 8054 BELLEVISTA CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARENT, LEE 6301 EVARO AV SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD FRIEDMAN, SHEILA 12436 FERNDAL CT. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80079-014 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leon F. Parent 1/19/07 (352) 396 5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #