

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730322

FILED
Feb 04, 2009
Secretary of State

Entity Name: TEMPLE BETH DAVID JEWISH CENTER, INC.

Current Principal Place of Business:

13158 ANTELOPE ST.
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

13158 ANTELOPE ST.
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-6610984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIDMAN, SHEILA
12436 FERNDAL CT.
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MARSHALL, MARILYN
Address: 4310 HUNTERS PASS
City-St-Zip: SPRING HILL, FL 34609

Title: FSD () Delete
Name: ZISKIND, SHARON
Address: 8054 BELLEVISTA CT
City-St-Zip: SPRING HILL, FL 34606

Title: TD () Delete
Name: PARENT, LEE
Address: 6391 EVARO AV
City-St-Zip: SPRING HILL, FL 34608

Title: AD () Delete
Name: FRIEDMAN, SHEILA
Address: 12436 FERNDAL CT.
City-St-Zip: HUDSON, FL 34669

Title: PCD () Delete
Name: LIBERMAN, IRWIN
Address: 16316 FALKIRU LN
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, MARILYN
Address: 4310 HUNTERS PASS
City-St-Zip: SPRING HILL, FL 34609

Title: FSD (X) Change () Addition
Name: HOFFMAN, ALICE
Address: 418 BARRINGTON CT
City-St-Zip: SPRING HILL, FL 34609

Title: TD (X) Change () Addition
Name: PARENT, LEON
Address: 6391 EVARO AV
City-St-Zip: SPRING HILL, FL 34608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: PARENT, DEBORAH
Address: 6391 EVARO AV
City-St-Zip: SPRING HILL, FL 34608

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: LEON F. PARENT JR.

TD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date