


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90071 011 \*\*\*\*61.25

<b>DOCUMENT # 732252</b> 1. Entity Name <b>TEMPLE ISRAEL OF DELAND, INC.</b>					
Principal Place of Business <b>1001 E. NEW YORK AVE DELAND, FL 32724</b>			Mailing Address <b>1001 E. NEW YORK AVE DELAND, FL 32724</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2331132</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <del>ROBERT SHARFF</del> <del>1001 E. NEW YORK AVE</del> <del>DELAND, FL 32724</del>			7. Name and Address of New Registered Agent Name <b>Debra O Bell</b> Street Address (P.O. Box Number, is Not Acceptable) <b>1001 E. New York Ave</b> City <b>DELAND</b> <b>FL</b> Zip Code <b>32724</b>		
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 <u><i>Debra O Bell</i></u> <span style="float: right;">2/8/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHARFF, ROBERT 243 WESTCHESTER DR DELAND, FL 34724 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BATTERMAN, BARRY 824 N. Boundary DELAND, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR SCHLOESSER, MARSHA 29915 FULLERVILLE RD DELAND, FL 32720 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEN GOLDBERG 538 CYGNET DELAND, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BATTERMAN, BARRY 824 N. BOUNDARY DELAND, FL 32720 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LINDA SCHEINER 177 Crystal cove DELAND, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHARIFF, NANCY 243 WESTCHESTER DR. DELAND, FL 32724 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELL, DEBRA O 3465 TRAIL IN THE PINES DELAND, FL 32724 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELL, DEBRA O 3465 TRAIL IN THE PINES DELAND, FL 32724 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GOLDBERG, KEN 538 CYGNET DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GOLDBERG, KEN 538 CYGNET DELAND, FL 32724 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MARK ZIMMERMAN 480 SANDY BLUFF TR. DELAND, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u><i>Debra O Bell</i></u> <span style="float: right;">2/8/07 386-736-1646</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40010300



02062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2331132

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~ROBERT SHARFF~~  
~~1001 E. NEW YORK AVE~~  
~~DELAND, FL 32724~~

7. Name and Address of New Registered Agent  
 Name **Debra O Bell**  
 Street Address (P.O. Box Number, is Not Acceptable)  
**1001 E. New York Ave**  
 City **DELAND** **FL** Zip Code **32724**

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SIGNATURE *Debra O Bell* 2/8/07  
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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GOLDBERG, KEN 538 CYGNET DELAND, FL 32724 <input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: *Debra O Bell* 2/8/07 386-736-1646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #