# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2004**
**Secretary of State**

DOCUMENT# 739310

**Entity Name:** TEMPLE BETH EL NORTH PORT JEWISH CENTER, INC.

**Current Principal Place of Business:**

3840 S BISCAYNE DR.
P.O. BOX 7195
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

3840 S BISCAYNE DR.
P.O. BOX 7195
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number: 59-1951464** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHUMAN, ROBERTA A
175 KINGS HGWY #6A8
PUNTA GORDA, FL 33983 US

**Name and Address of New Registered Agent:**

COHEN, MARC S
4219 TARGEE AVE
NORTH PORT, FL 34287 US

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: MARC S COHEN 07/08/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete
Name: MOYERMAN, CECELIA V
Address: 213 PERSIMMON ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: MELMED, CHARLES
Address: 1238 HIGHLAND GREENS DR
City-St-Zip: VENICE, FL 342923665

Title: D ( ) Delete
Name: MELMED, HELGA
Address: 1283 HIGHLAND GREENS DR
City-St-Zip: VENICE, FL 34292

Title: D (X) Delete
Name: SHUMAN, ROBERT
Address: 175 KINGS HWY # 6AB
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete
Name: COHEN, MARC
Address: 45197 MCGEE AVE
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: PRES (X) Change ( ) Addition
Name: COHEN, MARC
Address: 45197 MCGEE AVE
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC S COHEN PRES 07/08/2004
Electronic Signature of Signing Officer or Director Date