

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739310

FILED  
Jan 06, 2007  
Secretary of State

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

**Current Principal Place of Business:**

3840 S BISCAYNE DR.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

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:**

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

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

COHEN, SAMUEL P  
3332 BAILEY PALM CT  
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: SAMUEL P COHEN

01/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TREA ( ) Delete  
Name: SAWDAI, ALBERT TREASUR  
Address: 3413 ROCK CREEK DR  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: COHEN, SAMUEL  
Address: 3332 BAILEY PALM CT  
City-St-Zip: NORTH PORT, FL 34288

Title: PRES ( ) Delete  
Name: COHEN, MARC S  
Address: 4219 TARGEE AVE  
City-St-Zip: NORTH PORT, FL 34287

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

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

Title: PRES (X) Change ( ) Addition  
Name: COHEN, SAMUEL  
Address: 3332 BAILEY PALM CT  
City-St-Zip: NORTH PORT, FL 34288

Title: D (X) Change ( ) Addition  
Name: COHEN, MARC S  
Address: 4219 TARGEE 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 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: SAMUEL P COHEN

PRES

01/06/2007

Electronic Signature of Signing Officer or Director

Date