

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739310

FILED
Mar 21, 2009
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:

3840 S BISCAYNE DR.
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:

SAWDAL, ALBERT
4413 ROCK CREEK DRIVE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

STORCH, MYRON
613 LA GUNA DRIVE
VENICE, FL 34285 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: MYRON STORCH

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: STORCH, MYRON TREASUR
Address: 613 LA GUNA DRIVE
City-St-Zip: VENICE, FL 34285

Title: PRES () Delete
Name: SAWDAL, ALBERT
Address: 4413 ROCK CREEK DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP () Delete
Name: SEAGALL, MANFRED
Address: 3310 LOVELAND BLVD. #803
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STORCH, MYRON PRES
Address: 613 LA GUNA DRIVE
City-St-Zip: VENICE, FL 34285

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

Title: VP (X) Change () Addition
Name: OLARSCH, JOAN
Address: 1909 SCARLETT AVE.
City-St-Zip: NORTH PORT, FL 34289

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: MYRON STORCH

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date