## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 745814 Oct 09, 2009
Secretary of State

Entity Name: TEMPLE EMANU-EL OF SARASOTA, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 151 SOUTH MC INTOSH ROAD 151 SOUTH MCINTOSH ROAD SARASOTA, FL 34232 SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** 151 SOUTH MC INTOSH ROAD 151 SOUTH MCINTOSH ROAD SARASOTA, FL 34232 SARASOTA, FL 34232 FEI Number: 59-1145961 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARREN, NEIL DR 428 E. LAKE DRIVE SARASOTA, FL 34232 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WARREN, NEIL DR Name: Name: 428 E. LAKE DRIVE Address: Address: SARASOTA, FL 34232 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition RICHKER, MICHAEL MR. Name: Name: Address: 8663 WOODBRIAR DRIVE Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition DORMAN, LORI MRS. Name: Name: Address: 1308 RIVERVIEW CIR. N.W. Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: WEINBERGER, AMY MRS. Name: SHECKLER, KALA MRS. 7018 CURLEW ROAD Address: Address: 8226 REGENTS CT. City-St-Zip: SARASOTA, FL 34241 City-St-Zip: UNIVERSITY PARK, FL 34201 Title: ( ) Delete Title: () Change () Addition KENNELLY, MICHAEL MR. Name: Name: 4408 SAWYER ROAD Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LENK, ELLEN MRS. WEED, GLORIA MRS. Name: Name: Address: 4001 OAKLEY GREENE Address: 309 SNAPDRAGON LOOP SARASOTA, FL 34235 BRADENTON, FL 34212 City-St-Zip: City-St-Zip:

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: DR. NEIL WARREN PRES 10/09/2009

FILED