2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763353

Apr 27, 2009 Secretary of State

Entity Name: TEMPLE B'NAI ISRAEL, INC.

Current Principal Place of Business:

New Principal Place of Business:

1685 S. BELCHER ROAD CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

1685 S. BELCHER ROAD CLEARWATER, FL 33764

FEI Number: 59-1404489 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:

MINTZ, ROBERT

1685 S. BELCHER ROAD

CLEARWATER, FL 33764 US

BLOOM, BARBARA

1685 S. BELCHER ROAD

CLEARWATER, FL 33764 US

CLEARWATER, FL 33764 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: BARBARA BLOOM 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 LEVINE, BRUCE
 Name:

 Address:
 2402 BAYWOOD DR W
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 SIEGEL, TODD
 Name:

 Address:
 10043 WINDTREE BLVD
 Address:

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MARLOR, ANNE D
 Name:
 FELDMAN, BRIAN

 Address:
 1660 GULF BLVD 103
 Address:
 1320 52ND AVENUE NE

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 ST. PETERSBERG, FL 33703

Name: FRAYMAN, EVAN Name: FRAYMAN, EVAN
Address: 218 HIGHLAND WOODS DR Address: 218 HIGHLAND WOODS DR

Address: 218 HIGHLAND WOODS DR Address: 218 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete Title: S (X) Change () Addition

Name: PANDORF, WARREN Name: RODNIZKI, JORGE
Address: 2951 CHANCERY LN Address: 2460 ANTHONY AVENUE
City-St-Zip: CLEARWATER, FL 33759
City-St-Zip: CLEARWATER, FL 33759

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: BRUCE LEVINE P 04/27/2009