


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90056 007 \*\*\*\*61.25

<b>DOCUMENT # 768510</b>	
1. Entity Name	
TEMPLE BETH EL ISRAEL, INC.	

Principal Place of Business	Mailing Address
551 S.W. BETHANY DRIVE PORT ST LUCIE FL 34986 US	551 S.W. BETHANY DRIVE PORT ST LUCIE FL 34986 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-0966647	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KLATCH, SUE 551 SW BETHANY DRIVE PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	LADERMAN, BERNARD
STREET ADDRESS	1179 NW LOMBARDY DR
CITY ST ZIP	PORT SAINT LUCIE FL 34986
TITLE	NAME
VPD	MALKIN, MARIAN
STREET ADDRESS	2163 SE SHELTER DRIVE
CITY ST ZIP	PORT SAINT LUCIE FL 34952
TITLE	NAME
T	KLATCH, SUE
STREET ADDRESS	272 NW TOSCANE TRAIL
CITY ST ZIP	PORT SAINT LUCIE FL 34986
TITLE	NAME
2nd VPD	GREENWALD, LINDA
STREET ADDRESS	1643 SE NANCY LANE
CITY ST ZIP	PORT SAINT LUCIE FL 34983
TITLE	NAME
RECS	KAUFFMAN, FRED
STREET ADDRESS	593 LAMBRUSCO DRIVE
CITY ST ZIP	PORT SAINT LUCIE FL 34986
TITLE	NAME
TITLE	NAME
TITLE	NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
Pres.	Robert Polakow
STREET ADDRESS	2808 SE Tate Avenue
CITY ST ZIP	Port St Lucie, FL 34984
TITLE	NAME
VPD	Suzanne Brandon
STREET ADDRESS	213 NW Listeron Way
CITY ST ZIP	Port St Lucie, FL 34986
TITLE	NAME
2nd VPD	Greenwald, Linda
STREET ADDRESS	1643 SE Nancy Lane
CITY ST ZIP	Port St Lucie, FL 34983
TITLE	NAME
TITLE	NAME
TITLE	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert L. Polakow** 2/9/07 772-336-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #