

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768510

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** TEMPLE BETH EL ISRAEL, INC.

**Current Principal Place of Business:**

551 S.W. BETHANY DRIVE  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

551 S.W. BETHANY DRIVE  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 59-0966647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLATCH, SUZANNE  
551 SW BETHANY DRIVE  
PORT SAINT LUCIE, FL 34986 US

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

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:**

**Title:** PRES  
**Name:** BRANDAU, SUZANNE  
**Address:** 213 NW LISERON WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** VPD  
**Name:** LEVY, SAMUEL  
**Address:** 619 NW WHITFIELD WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** T  
**Name:** KLATCH, SUZANNE  
**Address:** 272 NW TOSCANE TRAIL  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** 2VPD  
**Name:** BLUMER, LILLIAN  
**Address:** 413 SE WHITMORE DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** RECS  
**Name:** KRUMENAKER, FAITH  
**Address:** 1532A NW AMHERST DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

**SIGNATURE:** SUZANNE KLATCH

TREA

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date