

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90013 017 \*\*\*\*61.25

**DOCUMENT # C93000000011**

1. Entity Name  
**TEMPLE BETH EL**



Principal Place of Business  
**579 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174**

Mailing Address  
**579 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174**

**60009360**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-6192854**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURMAN, MICHAEL  
12 BROADWATER DR  
ORMOND BEACH, FL 32174**

Name **Lewis Heaster**

Street Address (P.O. Box Number is Not Acceptable)

**11 Broadriver Rd.**

City **Ormond Beach** FL Zip Code **32174**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete  
NAME **HEASTER, LEWIS**  
STREET ADDRESS **11 BROADRIVER RD**  
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE **President** ☒ Change ☐ Addition  
NAME **Lewis Heaster**  
STREET ADDRESS **11 Broadriver Rd.**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **V** ☐ Delete  
NAME **HOLTZ, RICHARD**  
STREET ADDRESS **5 CROSS CREEK WAY**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **President - Elect** ☒ Change ☐ Addition  
NAME **Richard Holtz**  
STREET ADDRESS **PO Box 731988**  
CITY-ST-ZIP **Ormond Beach, FL 32173**

TITLE **VP** ☒ Delete  
NAME **SACKS, DAVID**  
STREET ADDRESS **9 BROADWATER DR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Jeff Brok**  
STREET ADDRESS **34 Old Bridge Way**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **P** ☐ Delete  
NAME **FURMAN, MICHAEL**  
STREET ADDRESS **12 BROAD WATER RD**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **Immediate Past President** ☒ Change ☐ Addition  
NAME **Michael Furman**  
STREET ADDRESS **12 Broadwater Rd.**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VP** ☐ Delete  
NAME **BIGMAN, JEFFERY**  
STREET ADDRESS **20 HUNTSMAN LOOK**  
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Suzanne Konchan**  
STREET ADDRESS **25 Sugar Mill Lane**  
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **VP** ☐ Delete  
NAME **ORFINGER, MICHAEL**  
STREET ADDRESS **27 IROQUOIS TR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lewis Heaster**

Date

Daytime Phone #

**386-677-2484**