

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005480

1. Entity Name
**TEMPLE BETH SHALOM OF VERO BEACH
FOUNDATION, INC.**



Principal Place of Business
**365 43RD AVENUE
VERO BEACH, FL 32968**

Mailing Address
**365 43RD AVENUE
VERO BEACH, FL 32968**

DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-8204676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A
21 ROYAL PALM POINTE STE 100
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
BLOCK, SAMUEL A
21 ROYAL PALM POINTE STE 100
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
KANAREK, CAROL M
1241 POITRAS DRIVE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SWATT, MYRON
21 ROYAL PALM POINTE STE 100
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
NOVAK, DAVID
21 ROYAL PALM POINTE STE 100
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEYER, THOMAS M
3075 BUCKINGHAMMOCK TRIAL
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000861222
04/02/08-80093-019.61.25

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IN THIS SPACE**

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

3/6/08
Date

Daytime Phone #