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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra G. Morthorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42182** (8)

1. Corporation Name

TEMPLE BETH-EL OF PUNTA GORDA, INC.



Principal Place of Business C/O MASSOUD TEHRANI P.O. BOX 213 PUNTA GORDA FL 33951-2130	Mailing Address C/O MASSOUD TEHRANI P.O. BOX 213 PUNTA GORDA FL 33951-2130
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3. Date Incorporated or Qualified
02/21/1991

4. FEI Number
65-0300978

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**TEHRANI, MASSOUD
713 E MARION AVE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
81 Name **NEIL ZUSMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **23427 WESTCHESTER BLVD.**
83 **700 510213**
84 City **PORT CHARLOTTE** FL 85 Zip Code **33980**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE **NEIL ZUSMAN** *Neil Zusman* DATE **4/6/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TEHRANI, MASSOUD
STREET ADDRESS	713 E MARION AVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OHLSTEIN, ARTHUR
STREET ADDRESS	2818 DON QUIXOTE DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, KAREN
STREET ADDRESS	2434 GLORA LANE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	Steve Baker
STREET ADDRESS	296 SE Gardner Dr.
CITY-ST-ZIP	Charlotte Harbor FL 33952
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	Beth Sullivan
STREET ADDRESS	413 Retta Esplanade
CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	MEMBER <input type="checkbox"/> DELETE
NAME	Neil Zusman
STREET ADDRESS	23427 WESTCHESTER BLVD
CITY-ST-ZIP	PORT CHARLOTTE (N/A) FL 33980

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MEMBER
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Neil Zusman* DATE **3/7/98** (941) 637-9434

CR2E037 (10/97)