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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90162 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42182

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Temple Beth-El of P.G.		26 Temple Beth-El of P.G.		02/21/1991	
22 Suite, Apt. #, etc. 1133 Bal Harbor Blvd		27 Suite, Apt. #, etc. PO Box 213		4. FEI Number 65-0300978	
23 City & State Punta Gorda FL		28 City & State Punta Gorda FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33950 Country Charlotte		29 Zip 33951 Country Charlotte		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ZUSMAN, NEIL 23427 WESTCHESTER BLVD PORT CHARLOTTE FL 33980			81 Name Seth Ohlstein		
			82 Street Address (P.O. Box Number is Not Acceptable) 2730 Mayaguana Ct		
			83 Punta Gorda FL		
			84 City FL 85 Zip Code 33950		
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 617.0503, Florida Statutes.					
SIGNATURE		Seth Ohlstein		DATE 1/20/99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, STEVE		1.2 NAME		
STREET ADDRESS	296 SE GARDNER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33952		1.4 CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, BETH		2.2 NAME		
STREET ADDRESS	413 RETTA ESPLANADE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZUSMAN, NEIL		3.2 NAME	Seth Ohlstein - Treasurer	
STREET ADDRESS	23427 WESTCHESTER BLVD		3.3 STREET ADDRESS	2730 Mayaguana Ct	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		3.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME	Margo Roca - VP	
STREET ADDRESS			4.3 STREET ADDRESS	18451 Meyer St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Seth Ohlstein 1/20/99 941 575-1167

Date

Daytime Phone #

CR2E037 (11/98)