

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:19

DOCUMENT # **N45781** (4)

1. Corporation Name  
**TEMPLE ISRAEL OF HIGHLANDS COUNTY, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 1361 SEBRING FL 33871 P.O. BOX 1361 SEBRING FL 33871

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **03/07/1994**  
4. FEI Number **23-7362762** Applied For Not Applicable  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27  
23 City & State 28  
24 Zip 25 Country 29 30

9. Name and Address of Current Registered Agent  
**KAMEN, ADELE**  
**137 CRESTVIEW CT.**  
**LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE ~~VP~~ **SECRETARY**  
NAME **SNOLL, JOSEPH BERVILLE**  
STREET ADDRESS **111 RISING R RD.**  
CITY-ST-ZIP **LAKE PLACID FL**  
TITLE ~~SD~~  
NAME **ALBIN, JUDITH** **NO LONGER OFFICER**  
STREET ADDRESS **1552 LAKE CLAY ROAD**  
CITY-ST-ZIP **LAKE PLACID FL**  
TITLE ~~TD~~  
NAME **APPLEBAUM, DOROTHY** **NO LONGER OFFICER**  
STREET ADDRESS **1501 CHARLOTTE DR.**  
CITY-ST-ZIP **SEBRING FL**  
TITLE **D**  
NAME **ROSS, MARILYN**  
STREET ADDRESS **1101 E. LAKE LOTELA RD.**  
CITY-ST-ZIP **AVON PARK FL**  
TITLE **D**  
NAME **JACOBS, MARILYN**  
STREET ADDRESS **2307 DAVIS CT.**  
CITY-ST-ZIP **SEBRING FL**  
TITLE **D**  
NAME **CARTER, PEARL**  
STREET ADDRESS **79 JASMINE ST.**  
CITY-ST-ZIP **LAKE PLACID FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **PRESIDENT**  Change  Addition  
1.2 NAME **ADELE KAMEN**  
1.3 STREET ADDRESS **P.O. Box 1150-120 CRESTVIEW CT.**  
1.4 CITY-ST-ZIP **LAKE PLACID FL 33862**  
2.1 TITLE  Change  Addition  
2.2 NAME **ARNOLD WINGGER**  
2.3 STREET ADDRESS **1575-9TH AVE.**  
2.4 CITY-ST-ZIP **SEBRING FL 33872**  
3.1 TITLE  Change  Addition  
3.2 NAME **EDWARD CARTER**  
3.3 STREET ADDRESS **79 JASMINE ST.**  
3.4 CITY-ST-ZIP **LAKE PLACID FL 33852**  
4.1 TITLE  Change  Addition  
4.2 NAME **ELSA KAHN**  
4.3 STREET ADDRESS **2207 N.E. LAKEVIEW DR.**  
4.4 CITY-ST-ZIP **SEBRING FL 33870**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition.

SIGNATURE: **ADELE KAMEN** *Adele Kamen* **1/17/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Sign in Ink)