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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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SEBRING FL 33871

3. Date Incorporated or Qualified
10/28/1991

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KAMEN, ADELE
120 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

Signature, typed or printed name of registered agent and the title acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S TREASURER	<input type="checkbox"/> DELETE
NAME	SNOLL, BERNICE	
STREET ADDRESS	111 RISING R RD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KAMEN, ADELE	
STREET ADDRESS	120 CRESTVIEW CT	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WININGER, ARNOLD	
STREET ADDRESS	1515-9TH AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, MARILYN	
STREET ADDRESS	1101 E. LAKE LOTELA RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, MARILYN	
STREET ADDRESS	2307 DAVIS CT.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, PEARL ED	
STREET ADDRESS	79 JASMINE ST.	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D DIXON, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1703 PALM ST.	
1.3 STREET ADDRESS	SEBRING FL 33870	
1.4 CITY-ST-ZIP		
2.1 TITLE	D PAUCIOTTI, PHYLLIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	4123 LEAF RD.	
2.3 STREET ADDRESS	SEBRING FL 33872	
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALBIN, JUDITH	
3.3 STREET ADDRESS	1552 LAKE CLAY RD. 33852	
3.4 CITY-ST-ZIP	LAKE PLACID FL	
4.1 TITLE	D SADOWSKY, NATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	9 PARADISE HILL DR	
4.3 STREET ADDRESS	LAKE PLACID, FL 33852	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adele Kamen
ADELE KAMEN

2/2/96

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CR2E037 (12/95)