## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N45781

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(4)

TEMPLE ISRAEL OF HIGHLANDS COUNTY, INC.

1 51111 51								
Principal Place	of Business	Mailing Addr	ess			T IDBIIIDE DIL DEBEI DILIL ITODE IDESE	HADA BABAH BABAR BABAH BABAH BABAH ARBAH 1881	
P.O. BOX 1361 P.O. BOX 136 SEBRING FL 33871 SEBRING FL								
						3. Date incorporated or Qualified 10/28/1991	3a. Date of Last Report 02/08/1996	
2. Principal Pia	ace of Business	2a. Mailing A	ddress			4. FEI Number 23-7362762	Applied For Not Applicable	
Suite, Apt #	ł, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	ļ <u>-</u>	Country		B. This corporation has liability for in		
24	25 25 Address of Curr	29     30     Address of Current Registered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent		
<u> </u>	9, Name and Address of Curr	aur nadistaten vida	<u> </u>	81	Name	10. Hante and Address of New Yes	Netolen Wholic	
KAMEN,	ADELE			82		ddress (P.O. Box Number is Not Acceptab	(a)	
120 CRESTVIEW CT. LAKE PLACID FL 33852				83	Olicel Ai	Tridings (1.5. dox notings) is not not page.		
LANE PL	AOID FL 33832			84	City		B5 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		AND DIRECTORS	I	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	T		DELETE	1.1 TITLE	D	NADD JACK	☐ Change ☑ Addition	
NAME	SNOLL, BERNICE			1.2 NAME		2606 DAKBEAC	11 131.10	
STREET ADDRESS	111 RISING R RD.			1.3 STREET	ADDRESS			
CITY - ST - Z(P	LAKE PLACID FL			1.4 CITY-S	T-ZIP	SEBRING FL:		
TITLE	P	L.	) DELETE	2.1 TITLE	D	FAX FAULUS	Change Addition	
NAME	KAMEN, ADELE		_	2.2 NAME		ADD LOTHE ALL	أ	
STREET ADDRESS	120 CRESTVIEW CT			2.3 STREET		302 LOTUS AVE	24000	
C(TY-ST-ZIP	LAKE PLACID FL			2.4 CITY-5	ST-ZIP	SEBPING A_	2.28 Change Addition	
TITLE	D DANGE BARRADA	LIZ.	DELETE	3.1 TITLE	<i>S-D</i>	ALBIN JUDY	Till Cusude Si wodingii	
NAME	DIXON, BARBARA 1703 PALM ST		İ	3.2 NAME	1000000	ANIE BEACH DE.		
STREET ADDRESS	SEBRING FL		J	3.3 STREET		2018 BEACHDE SEBLING FL 33	18-20	
CITY-ST-ZIP TITLE	D	F		3.4. CITY - S 4.1 TITLE	51-ZIP (	SERVING 16 00	☐ Change ☐ Addition	
NAME	ROSS, MARILYN	_	, , , , , , ,	4. 2 NAME				
STREET ADDRESS	1101 E. LAKE LOTELA RD	).		4.3 STREET	ADDRESS			
CITY-ST-ZIP	AVON PARK FL	•		4.4 CITY-S				
TITLE	D		DELETE	5.1 TITLE	1	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	JACOBS, MARILYN			5.2 NAME				
STREET ADDRESS	2307 DAVIS CT.			5.3 STREET	ADDRESS			
CITY-ST-ZIP	SEBRING FL		1	5.4 CITY-\$	T-ZIP			
TITLE V-	- D		DELETE	6.1 TITLE			Change Addition	
NAME	Carter, ED			6.2 NAME				
STREET ADDRESS	79 JASMINE ST.			6.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL			6.4 CITY - S				
14. I do hereb	by certify that the information support indicated on this annual report	olied with this filing do	pes not qualify to	r the exe	mption sta	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega	s. I further certify that the af effect as if made under oath: that	
I am an of	fficer or director of the corporation	or the receiver or tru	istee empowered	d to exec	ute this re	port as required by Chapter 617, Florida S	itatutes; and that my name	