

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90029 027 ****61.25

0067296

DOCUMENT # N45781
 1. Entity Name
TEMPLE ISRAEL OF HIGHLANDS COUNTY, INC.

Principal Place of Business 1305 HILLSIDE SEBRING FL 33870 US	Mailing Address P.O. BOX 1361 SEBRING FL 33871
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1305 HILLSIDE Suite, Apt. #, etc.
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City & State SEBRING, FL	4. FEI Number 23-7362762	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33870	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALBIN, JUDITH B
2018 BEACH DR
SEBRING FL 33870

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME D SNOLL, BERNICE 111 RISING R RD. LAKE PLACID FL	<input type="checkbox"/> Delete
TITLE NAME S NAPR JACK 2606 OAK BEACH BLVD SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D JACOBS MARILYN 2307 DAVIS CT. SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D ALBIN, JUDITH 2018 BEACH DR SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME D WOLKOVE, MARTZI 6824 SOUTH C-17 SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME D [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME BERNIE-WOLKOVE 6824 SOUTH C-17 SEBRING, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME CLINT WALLBANK 2018 BEACH DR SEBRING, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martzi Wolkove* **JIM MARTZI WOLKOVE - FEB 12/01** 862-655-3565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)