


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90026 024 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
 1305 HILLSIDE      1305 HILLSIDE  
 SEBRING FL 33870      SEBRING FL 33870  
 US      US

**50017127**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**23-7362762**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 WOLKOVE, BERNIE  
 10234 ORANGE BLOSSOM BLVD. S  
 SEBRING FL 33875

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SNOLL, BERNICE	
STREET ADDRESS	3455 NORTHERN BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOLKOVE, BERNIE	
STREET ADDRESS	10234 ORANGE BLOSSOM BLVD. S	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBECK, JILL (GILLIAN)	
STREET ADDRESS	409 GLEN MARCIRCLE	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIAS, SEYMOUR	
STREET ADDRESS	936 TOWN & COUNTRY BLVD.	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jillian A Liebeck (Tru)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/14/05*      Daytime Phone #: *863-655-4045*