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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47495 (9)

1. Corporation Name

TEMPLE ISRAEL OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

137 N.E. 19TH STREET
MIAMI FL 33132
US137 N.E. 19TH STREET
MIAMI FL 33132-1010
US3. Date Incorporated or Qualified
02/21/19923a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-0683270

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution5.00 May Be
Added to Fees8. This corporation has liability for intangible ☒ under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEILIG, ALAN B.
137 N.E. 19TH STREET
MIAMI FL 3313281 Name
JAMES A WEINKLE82 Street Address (P.O. Box Number is Not Acceptable)
137 NE 19 Street

83 City

84 City
Miami85 Zip Code
FL 33132

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

JAMES A WEINKLE, EXECUTIVE DIRECTOR, TEMPLE ISRAEL of GREATER MIAMI

(NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME TATE, STANLEY G
STREET ADDRESS 1301-100 ST
CITY-ST-ZIP BAY HARBOR ISLANDS FL1.1 TITLE P D ☒ Change ☒ Addition
1.2 NAME SILVER, MICHAEL A
1.3 STREET ADDRESS 1428 Brickell Avenue
1.4 CITY-ST-ZIP Miami, FL 33131TITLE VD ☐ DELETE
NAME COLLIER, LESLIE
STREET ADDRESS 1270 NW 97 STREET
CITY-ST-ZIP MAIMI SH2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5301 LaGorce Drive
2.4 CITY-ST-ZIP Miami Beach, FL 33140TITLE TD ☒ DELETE
NAME SILVER, MICHAEL
STREET ADDRESS 11590 N BAYSHORE DR
CITY-ST-ZIP N MIAMI FL3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Gardner, Joseph
3.3 STREET ADDRESS 9300 W Bay Harbor Drive
3.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 typed or printed name of signing officer or director

2-25-97

305-573-5900

Date

Daytime Phone # 00200000

CR2E037 (9/96)