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*NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006105 (0)

1. Corporation Name

**THE TEMPLE ~~SINAI~~ FOUNDATION, INC.
SINAI**



Principal Place of Business

Mailing Address

**18801 NE 22ND AVE
N MIAMI BEACH FL 33180**

**18801 NE 22ND AVE
N MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report
03/09/1995

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

10. Name and Address of New Registered Agent

**GORDON, HOWARD W
18801 NE 22ND AVE
NORTH MIAMI BEACH FL 33180**

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 617.1506, 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. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **LEHMAN, WILLIAM JR**
STREET ADDRESS **2071 NE 194TH TER**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **DV** ☐ DELETE
NAME **MEYER, ARNOLD**
STREET ADDRESS **19707 NE 38TH CT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **DV** ☐ DELETE
NAME **SILVERMAN, BARBARA**
STREET ADDRESS **20941 NE 21ST AVE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **DS** ☐ DELETE
NAME **GORDON, HOWARD W**
STREET ADDRESS **2035 NE 201ST TER**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **T** ☐ DELETE
NAME **SLAVIN, DICK**
STREET ADDRESS **15900 W TROON CIR**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **DLOC** ☐ DELETE
NAME **LOCKSHIN, DONALD**
STREET ADDRESS **20231 W OAKHAVEN CIR**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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

2/22/96 305-932-9010

Date

Daytime Phone #

CR2E037 (12/95)