FILE NOW: FILING FEE IS $61.25

FILED
Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N94000006105 (0)

1. Corporation Name

THE TEMPLE SINAI FOUNDATION, INC.

Principal Place of Business	Mailing Address
18801 NE 22ND AVE N MIAMI BEACH FL 33180	18801 NE 22ND AVE N MIAMI BEACH FL 33180-3203

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0558169 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~LEHMAN, WILLIAM JR~~		1.2 NAME		
STREET ADDRESS	~~2071 NE 194TH TER~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33179~~		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, ARNOLD		2.2 NAME		
STREET ADDRESS	19707 NE 36TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		2.4 CITY-ST-ZIP		
TITLE	~~DV~~	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	SILVERMAN, BARBARA		3.2 NAME		
STREET ADDRESS	20941 NE 21ST AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, HOWARD W		4.2 NAME		
STREET ADDRESS	2035 NE 201ST TER		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SLAVIN, DICK		5.2 NAME		
STREET ADDRESS	15900 W TROON CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		5.4 CITY-ST-ZIP		
TITLE	DLOC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOCKSHIN, DONALD		6.2 NAME		
STREET ADDRESS	20231 W OAKHAVEN CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] Howard W. Gordon 31 Jan 97 (305) 444-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003472