

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006105 (0)**
1. Corporation Name

THE TEMPLE SINAI FOUNDATION, INC.



Principal Place of Business 18801 NE 22ND AVE N MIAMI BEACH FL 33180	Mailing Address 18801 NE 22ND AVE N MIAMI BEACH FL 33180
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3. Date Incorporated or Qualified
12/14/1994

4. FEI Number 65-0558169	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

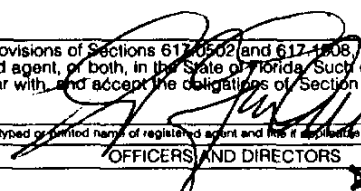
9. Name and Address of Current Registered Agent

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE **8 April 98**

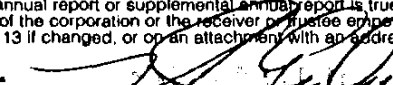
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	☒ DELETE
NAME	MEYER, ARNOLD	
STREET ADDRESS	19707 NE 36TH CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	DP	☐ DELETE
NAME	SILVERMAN, BARBARA	
STREET ADDRESS	20941 NE 21ST AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
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	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	LAYTON, ROBERT	
1.3 STREET ADDRESS	3750 NE 208 ST	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	D	☒ 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 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 AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

8 April 98

DATE

CR2E037 (10/97)