FILE NOW: FILING FEE IS $61.25

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90160 011 ****61.25

0035029

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000006105**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0558169 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 27 Apr. 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAYTON, ROBRT		1.2 NAME		
STREET ADDRESS	3750 NE 208 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, BARBARA		2.2 NAME		
STREET ADDRESS	20941 NE 21ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, HOWARD W		3.2 NAME		
STREET ADDRESS	2035 NE 201ST TER		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLAVIN, DICK		4.2 NAME		
STREET ADDRESS	15900 W TROON CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		4.4 CITY-ST-ZIP		
TITLE	DLOC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOCKSHIN, DONALD		5.2 NAME		
STREET ADDRESS	20231 W OAKHAVEN CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE RECEIVED 27 Apr/99 305 789-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)