

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711527

**Entity Name:** TEMPLE SHALOM, INC.

**Current Principal Place of Business:**

4630 PINE RIDGE RD  
NAPLES, FL 34119-4063

**Current Mailing Address:**

4630 PINE RIDGE RD  
NAPLES, FL 34119-4063 US

**FEI Number:** 59-2546855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEBORAH , FIDEL  
4630 PINE RIDGE RD.  
NAPLES, FL 34119 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DEBORAH FIDEL

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FINANCIAL SECRETARY  
Name PINO, STEPHEN  
Address 3410 CREEKVIEW DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER  
Name RITTER, SUSAN  
Address 27241 IBIS COVE COURT  
City-State-Zip: BONITA SPRINGS FL 34134

Title 1ST VICE PRESIDENT  
Name KAUFMAN, EDWARD  
Address 801 SPYGLASS LANE  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name SISSMAN, DARYL  
Address 575 WHISPERING PINE LANE  
City-State-Zip: NAPLES FL 34103

Title EXECUTIVE DIRECTOR  
Name FIDEL, DEBORAH  
Address 554 AVELLINO ISLES CIR  
13101  
City-State-Zip: NAPLES FL 34119

Title 2ND VICE PRESIDENT  
Name HASSENFELD, MERRILL  
Address 5550 HERON POINT DRIVE  
#601  
City-State-Zip: NAPLES FL 34108

Title RECORDING SECRETARY  
Name MINTZ, ROBIN  
Address 5938 HAMMOCK ISLES CIRCLE  
City-State-Zip: NAPLES FL 34119

Title 3RD VICE PRESIDENT  
Name TEITELBAUM, LEONARD  
Address 4401 GULFSHORE BLVD N  
702  
City-State-Zip: NAPLES FL 34103

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH FIDEL

ED

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           SISTERHOOD PRESIDENT  
Name           DRUCKMAN, BARBARA  
Address        23803 AMALFI COAST RD  
City-State-Zip: BONITA SPRINGS FL 34135