

**2017 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:** Yes

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

GOULD, MAXINE  
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:** MAXINE GOULD

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FINANCIAL SECT'Y  
Name SHNIDER, NEIL  
Address 14569 LIETO LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name LICKHALTER, HARRIET  
Address 575 VIA VENETO #202  
City-State-Zip: NAPLES FL 34108

Title 3 RD VP  
Name HEUER, NEIL  
Address 663 HICKORY ROAD  
City-State-Zip: NAPLES FL 34108

Title PRESIDENT  
Name ZVIBLEMAN, DEBRA  
Address 1370 MARIPOSE CIRCLE #104  
City-State-Zip: NAPLES FL 34105

Title 1ST V. PRESIDENT  
Name ANTZIS, DEBRA  
Address 6785 SOUTHERN OAK COURT  
City-State-Zip: NAPLES FL 34109

Title 2ND V PRESIDENT  
Name SISSMAN, DARYL  
Address 575 WHISPERING PINE LANE  
City-State-Zip: NAPLES FL 34103

*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:** DEBRA ZVIBLEMAN

PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date