

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730322

**FILED**  
**Aug 06, 2019**  
**Secretary of State**  
**9063279185CC**

**Entity Name:** TEMPLE BETH DAVID JEWISH CENTER, INC.

**Current Principal Place of Business:**

13158 ANTELOPE STREET  
SPRING HILL, FL 34609

**Current Mailing Address:**

13158 ANTELOPE STREET  
SPRING HILL, FL 34609 US

**FEI Number:** 59-6610984

**Certificate of Status Desired:** No

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

BLAVATT, BRYAN A.  
4554 SECRETARIAT RUN  
SPRING HILL, FL 34609 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:** BRYAN A. BLAVATT

08/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLAVATT, BRYAN A.  
Address        4554 SECRETARIAT RUN  
City-State-Zip: SPRING HILL FL 34609

Title            FIRST VICE PRESIDENT  
Name            SHAW, MARLENE B.  
Address        1208 VENETIA DRIVE  
City-State-Zip: SPRING HILL FL 34608

Title            SECOND VICE PRESIDENT  
Name            EDELSTEIN, ANTHONY H.  
Address        80 GREENTREE STREET  
City-State-Zip: HOMOSASSA FL 34446

Title            RECORDING SECRETARY  
Name            MOORE, KAREN  
Address        13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title            FINANCIAL SECRETARY  
Name            PARENT, LEON F. JR.  
Address        6391 EVARO AVENUE  
City-State-Zip: SPRING HILL FL 34608

Title            TREASURER  
Name            ROTH, ARLENE  
Address        13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title            DIRECTOR, MEMBERSHIP  
Name            REDDING, GAYLE  
Address        13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title            DIRECTOR, FUND RAISING  
Name            BLAVATT, BARBARA  
Address        4554 SECRETARIAT RUN  
City-State-Zip: SPRING HILL FL 34609

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*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:** ARLENE ROTH

**TREASURER**

08/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, BUILDING AND GROUNDS  
Name REIMAN, MARTIN  
Address 1138 COBBLESTONE DRIVE  
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR, RITUAL  
Name ALTER, SHELDON  
Address 13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title DIRECTOR, COMMUNITY RELATIONS  
Name WEINER, LINDA M.  
Address 13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title DIRECTOR, BUDGET AND FINANCE  
Name GREENMAN, JAYNIE  
Address 5165 JENNINGS TRAIL  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR, EDUCATION  
Name SHILENSKY, HEIDI  
Address 13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609

Title DIRECTOR, STRATEGIC PLANNING  
Name WEINER, JEFFREY W.  
Address 13158 ANTELOPE STREET  
City-State-Zip: SPRING HILL FL 34609