

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2007  
Secretary of State**

DOCUMENT# 731644

Entity Name: TEMPLE KOL AMI EMANU-EL, INC.

**Current Principal Place of Business:**

8200 PETERS ROAD  
PLANTATION, FL 333243201

**New Principal Place of Business:**

**Current Mailing Address:**

8200 PETERS ROAD  
PLANTATION, FL 333243201

**New Mailing Address:**

FEI Number: 23-7449716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COHN, ALAN  
8800 N. LAKE DASHA DRIVE  
PLANTATION, FL 33324 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHN, ALAN  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: BREZNER, JEFF  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: PD ( ) Delete  
Name: ANCHELL, ILENE  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SCHNEIDER, PAUL  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: PD (X) Change ( ) Addition  
Name: KRAVEC, SAUL  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN COHN

PD

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date