

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50168

FILED
Jan 04, 2007
Secretary of State

Entity Name: TEMPLE SHAAREI SHALOM INC.

Current Principal Place of Business:

9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0347907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437 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: P () Delete
Name: MILOWE, JOAN
Address: 7237 MODENA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: ROBERT, KESTEN
Address: 7831 NAUTIQUE COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: KURT, SIMILIES
Address: 7613 MANSFIELD HOLLOW ROAD
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: HARRIET, DOCTOR
Address: 7015 BRUNSIWCK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: RONA, TATA
Address: 2566 HAMPTON CIRCLE N.
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: STACEY, ELLISON
Address: 7789 PENWOOD COURT
City-St-Zip: LAKE WORTH, FL 33467

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: LINDA GULKO ADMINISTRATOR

ADM

01/04/2007

Electronic Signature of Signing Officer or Director

Date