

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # 758744

1. Entity Name
TEMPLE MESSIANIQUE, INC.



Principal Place of Business
5420 N STATE RD 7
P.O. BOX 6065
FT LAUDERDALE, FL 33319-2922

Mailing Address
5420 N STATE RD 7
P.O. BOX 6065
FT LAUDERDALE, FL 33319-2922



03242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2339506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPNACK, MARTIN I
6827 W COMMERCIAL BLVD
FT. LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD VALBRUN, JOCELYN 3240 NW 2ND ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VALBRUN, JOSEPH 3240 NW 2ND ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD VALBRUN, MARYSE 3240 NW 2ND ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U000000098637
03/29/04-80048-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

Daytime Phone # _____