
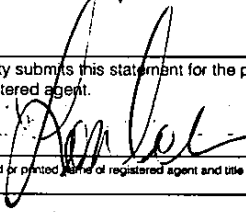


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 048 *****70.00

DOCUMENT # 711527 1. Entity Name TEMPLE SHALOM, INC.					
Principal Place of Business 4630 PINE RIDGE RD NAPLES, FL 34119-4063 US			Mailing Address 4630 PINE RIDGE RD NAPLES, FL 34119-4063 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2546855	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TREISER, RICHARD 4630 PINE RIDGE RD NAPLES, FL 34119				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
TREISER, RICHARD 4630 PINE RIDGE RD NAPLES, FL 34119				LORI COHEN 4630 PINE RIDGE RD NAPLES FL 34119	
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 		LORI COHEN, Exec Director 2/14/05 DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREISER, RICHARD		NAME	LITTLE, JOHN	
STREET ADDRESS	4001 TAMiami TRL N		STREET ADDRESS	180 Edgemere Way S.	
CITY-ST-ZIP	NAPLES, FL 34101		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, DR JOHN		NAME	LORI COHEN	
STREET ADDRESS	180 EDMERE WAY S		STREET ADDRESS	11522 Maffard Ct.	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARMAN, SHELDON		NAME		
STREET ADDRESS	4099 TAMiami TRL N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		LORI COHEN		2/14/05 239-455-3030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	