

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 758744

1. Entity Name
TEMPLE MESSIANIQUE, INC.



FILED

2008 MAY 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

05072008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name **JOSEPH VALBRUN**
Street Address (P.O. Box Number is Not Acceptable)
5420 NORTH STATE RD 7
NORTH LAUDERDALE **33319**
City **FL** Zip Code

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 title if applicable.

(NOTE: Registered Agent Signature required for amendments)

DATE

5/07/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
VALBRUN, JOCELYN
3240 NW 2ND ST
FT LAUDERDALE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
VALBRUN, JOSEPH
3240 NW 2ND ST
FT LAUDERDALE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
VALBRUN, RACHEL
3240 NW 2ND ST
FT LAUDERDALE, FL

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

700130930947
06/05/08--01051--021 **\$1.25

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Joseph VALBRUN 5/07/08

Date

Daytime Phone #