

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758744

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: TEMPLE MESSIANIQUE, INC.

## Current Principal Place of Business:

5420 N STATE RD 7  
P.O. BOX 6065  
FT LAUDERDALE, FL 333192922

## New Principal Place of Business:

5420 N STATE RD 7  
FT LAUDERDALE, FL 333192922

## Current Mailing Address:

5420 N STATE RD 7  
P.O. BOX 6065  
FT LAUDERDALE, FL 333192922

## New Mailing Address:

5420 N STATE RD 7  
FT LAUDERDALE, FL 33319

FEI Number: 59-2339506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALBRUN, JOSEPH  
3420 NORTH STATE RD 7  
NORTH LAUDERDALE, FL 33319 US

## Name and Address of New Registered Agent:

VALBRUN, JOSEPH  
5420 NORTH STATE RD 7  
NORTH LAUDERDALE, FL 33319 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: VALBRUN, JOCELYN  
Address: 3240 NW 2ND ST  
City-St-Zip: FT LAUDERDALE, FL

Title: PD ( ) Delete  
Name: VALBRUN, JOSEPH  
Address: 3240 NW 2ND ST  
City-St-Zip: FT LAUDERDALE, FL

Title: SD ( ) Delete  
Name: VALBRUN, RACHEL  
Address: 3240 NW 2ND ST  
City-St-Zip: FT LAUDERDALE, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH VALBRUN

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date