

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708337

FILED
Apr 20, 2009
Secretary of State

Entity Name: TEMPLE BETH TOV, AHAVAT SHALOM, INC.

Current Principal Place of Business:

6438 SW 8TH STREET
WEST MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 440226
WEST MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 59-2228600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDLER, BENNO
6319 SW 127TH CT
MIAMI, FL 33183 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: PD () Delete
Name: GONZALEZ, ROBERTO
Address: 6246 SW 136TH CT #107
City-St-Zip: MIAMI, FL 33183

Title: 1VPD () Delete
Name: SANDLER, BENNO
Address: 6319 SW 187TH CT
City-St-Zip: MIAMI, FL 33183

Title: SVP () Delete
Name: KLIEMAN, CHARLOTTE
Address: 9921 SW 99 ST
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: KORBRITZ, DOROTHY
Address: 5802 CORAL WAY
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: SWEENEY, SHIRLEY
Address: 37312 W. 2ND ST
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDLER, BENNO
Address: 6319 S W 127TH CT
City-St-Zip: MIAMI, FL 33183

Title: 1VPD (X) Change () Addition
Name: BERK, CHARLES
Address: 25100 S W 147TH AVENUE
City-St-Zip: HOMESTEAD, FL 33032

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

Title: SD (X) Change () Addition
Name: GLASSMAN, RUTH
Address: 6831 S W 147TH AVE 2G
City-St-Zip: MIAMI, FL 33193

Title: TD (X) Change () Addition
Name: SWEENEY, SHIRLEY
Address: 3731 N W 2ND ST
City-St-Zip: MIAMI, FL 33126

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: SHIRLEY SWEENEY

TD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date