


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 002 ****61.25

DOCUMENT # 709261					
1. Entity Name TEMPLE B'NAI DAROM, INC.					
Principal Place of Business 49 BANYON COURSE OCALA, FL 32672 34472			Mailing Address 49 BANYON COURSE OCALA, FL 32672 34472		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2070919	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELMUT, ZACK 8948 SW 116TH STREET RD OCALA, FL 34481			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLEISHER, ALBERT		NAME		
STREET ADDRESS	1219 PALMETTO DR		STREET ADDRESS		
CITY - ST - ZIP	LADY LAKE, FL 32159		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORMOS, RICHARD H		NAME	RAJSWASSER, ELAINE A	
STREET ADDRESS	12780 SE 92ND TERRACE		STREET ADDRESS	2603 SW 10th ST APT 266	
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP	OCALA, FL 34474	
TITLE	TDS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIDELOCK, ENID		NAME		
STREET ADDRESS	592A BAHIA CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	OCALA, FL 34472		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGE, ANNE		NAME		
STREET ADDRESS	14180 SE 85TH AVE		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		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 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: <i>Elaine Rajswasser</i> ELAINE RAJSWASSER			Date: <i>2/8/06</i>		Daytime Phone #: <i>352-236-3257</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>