

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 004 ****61.25

DOCUMENT # 709261

1. Entity Name
TEMPLE B'NAI DAROM, INC.



Principal Place of Business

49 BANYON COURSE
OCALA, FL 34472

Mailing Address

49 BANYON COURSE
OCALA, FL 34472

40009100



01262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2070919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMUT, ZACK
8948 SW 116TH STREET RD
OCALA, FL 34481

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IN THIS SPACE**

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 when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLEISHER, ALBERT
STREET ADDRESS	1219 PALMETTO DR
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	T
NAME	RAJSWASSER, ELAINER
STREET ADDRESS	2603 SW 10TH ST APT 266
CITY-ST-ZIP	OCALA, FL 34474
TITLE	TOR
NAME	VIDELock END
STREET ADDRESS	592A BAHIA CIRCLE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	S
NAME	LANGE, ANNE
STREET ADDRESS	14180 SE 85TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Elaine Rajswasser Elaine Rajswasser 4/13/07 352-236-3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #