


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

DO NOT WRITE IN THIS SPACE

40009100



01262007 No Chg-NP CR2E037 (4/06)

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

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

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

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