

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709261
 1. Entity Name
 TEMPLE B'NAI DAROM, INC.



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
 49 BANYON COURSE
 OCALA, FL 34472

Mailing Address
 49 BANYON COURSE
 OCALA, FL 34472



07172008 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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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

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	S LANGE, ANNE 14180 SE 85TH AVE SUMMERFIELD, FL 34491
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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 7/18/08 352-236-3257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #