


**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)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2070919 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" 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 |
|-------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE
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 _____ | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|-----------------|-----------------------------------------------------------------------------|------------|

| | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|
| Filing Fee is \$61.25 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000955950
07/22/08-80011-011-70:00

**DO NOT WRITE
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: <u>Elaine Rajswasser</u> - ELAINE RAJSWASSER | 7/18/08 | 352-236-3257 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |