


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 711527

1. Entity Name
TEMPLE SHALOM, INC.



Principal Place of Business
**4630 PINE RIDGE RD
 NAPLES, FL 34119-4063 US**

Mailing Address
**4630 PINE RIDGE RD
 NAPLES, FL 34119-4063 US**



03172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2546855 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, LORI
 4630 PINE RIDGE RD
 NAPLES, FL 34119**

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: *Lori Cohen* **Lori Cohen Exec DIR** 3/20/06
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, 2006**

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

**400000477880
 04/07/06-80007-018 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, JOHN 180 EDGEMERE WAY S NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD COHEN, LORI 11522 MALLARD CT NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STARMAN, SHELDON 4099 TAMiami Trl N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Lori Cohen* **Lori Cohen** 3/20/06 239-455-3030
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #