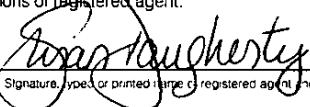
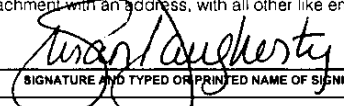


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 009 ****70.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2546855	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, LORI 4630 PINE RIDGE RD NAPLES, FL 34119				Name Susan Daugherty Street Address (P.O. Box Number is Not Acceptable) 4630 Pine Ridge Rd City Naples FL Zip Code 34119	
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  Susan Daugherty 4/24/08 (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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, ROBERTA 5804 CINZANO COURT NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD COHEN, LORI 11522 MALLARD CT NAPLES, FL 34119 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Susan Daugherty 1979 Countess Ct Naples FL 34110 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPITTMAN, DANIEL 5895 SONOMA CT NAPLES, FL 34119 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPITTMAN, DANIEL 5895 Sonoma Ct Naples FL 34119 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  Susan Daugherty 4/24/08 239-455-3030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					