FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735748 (6)

1. Corporation Name
TEMPLE AHAVAT SHALOM, INC.

Principal Place of Business	Mailing Address
1575 CURLEW ROAD PALM HARBOR FL 34683	1575 CURLEW ROAD PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1976
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1848730 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KWALL, LOUIS
133 NORTH FT. HARRISON
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Renee Walter 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, KERRY J.	1.2 NAME	
STREET ADDRESS	1522 SILVER MOON LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MALLIS, PATRICIA	2.2 NAME	
STREET ADDRESS	2975 ROLLING WOOS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSOFF, PAULA	3.2 NAME	
STREET ADDRESS	2909 EAGLE ESTATES CIR. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTER, RENEE	4.2 NAME	
STREET ADDRESS	3253 HARVEST MOON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLSTEIN, DAVID	5.2 NAME	
STREET ADDRESS	17 BIRDIE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	GRAFF, MYRON	6.2 NAME	
STREET ADDRESS	2793 HYDE PARK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula Rosoff PAULA ROSOFF 1-19-95 785-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020114