## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735748** 

Entity Name: TEMPLE AHAVAT SHALOM, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1575 CURLEW ROAD PALM HARBOR, FL 34683					
Current Mailing Address:			New Maili	New Mailing Address:	
1575 CURLEW ROAD PALM HARBOR, FL 34683					
FEI Number: 59-1848730 FEI Number Applied For ( )			FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KWALL, LOUIS 133 NORTH FT. HARRISON CLEARWATER, FL 34615 US  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.					
SIGNATURE:				Deta	
Electronic Signature of Registered Agent Date					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) PAIKOFF, NAN 1378 FORESTE OLDSMAR, FL	EDGE BLVD	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition WEISS, ELLEN 5217 ENCLAVE DRIVE OLDSMAR, FL 34677	
Title: Name: Address: City-St-Zip:	VP ( ) KREIGER, HAN 414 CARLISLE DUNEDIN, FL	COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD ( ) AWERBACK, M 2364 TERENCE CLEARWATER	COURT	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition WEISS, STEVEN 3591 LANDMARK DRIVE PALM HARBOR, FL 34684	
Title: Name: Address: City-St-Zip:	FS ( ) MATZKOWITZ, 20 DEERPATH OLDSMAR, FL	DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD ( ) MATZKOWITZ, 20 DEERPATH OLDSMAR, FL	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( ) COHEN, ROBE 450 PURPLE F PALM HARBOR	INCH WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN WEISS PD 04/28/2004