2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 737466

Entity Name: TEMPLE OF LIFE, CHAI, INC.

Current Principal Place of Business:

140 S E 2ND AVENUE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

7370 W COUNTRY CLUB
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-1707373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, EUNA M
7370 W COUNTRY CLUB
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, EUNA M
Address: 7370 W COUNTRY CLUB
City-St-Zip: BOCA RATON, FL 33487

Title: VTD ( ) Delete
Name: JONES, RIDSON JR.
Address: 684 AUDUBON BLVD
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete
Name: ABELLARD, BLANCHARD
Address: 684 AUDUBON BLVD
City-St-Zip: DELRAY BEACH, FL 33444

Title: R ( ) Delete
Name: WARREN, SY
Address: 13756 VIA FLORA #A
City-St-Zip: DELRAY BEACH, FL 33484

Title: MD ( ) Delete
Name: DOMOND, WISTIN
Address: 7370 W. COUNTRY CLUB
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JONES-DOMOND, EUNA M
Address: 7370 W COUNTRY CLUB
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EUNA M.JONES-DOMOND PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date