

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 758744

1. Entity Name
TEMPLE MESSIAHQUE, INC.



Principal Place of Business
**5420 N STATE RD 7
P.O. BOX 6065
FT LAUDERDALE, FL 33319-2922**

Mailing Address
**5420 N STATE RD 7
P.O. BOX 6065
FT LAUDERDALE, FL 33319-2922**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2339506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIPNACK, MARTIN I
6827 W COMMERCIAL BLVD
FT. LAUDERDALE, FL 33319**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when resigning)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
VALERON, JOCELYN
3240 NW 2ND ST
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VALBRUN, JOSEPH
3240 NW 2ND ST
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
VALBRUN, RACHEL
3240 NW 2ND ST
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TITLE OF REGISTERED AGENT

1-19-06

DATE

AGENT PHONE #