

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 758744 1. Entity Name TEMPLE MESSIANIQUE, INC.	
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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
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01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

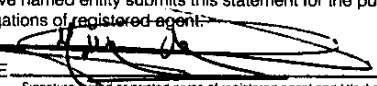
4. FEI Number 59-2339506	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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  DATE **1/26/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VALBRUN, 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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  DATE **1/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR