

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 758744 1. Entity Name TEMPLE MESSIANIQUE, 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
--	--

DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

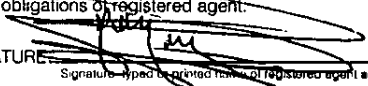
4. FEI Number 59-2339506	Applied For Not Applicable
------------------------------------	-------------------------------

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **2/08/08**

**Filing Fee is \$61.25
Due by May 1, 2008**

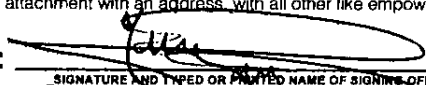
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000819348
02/15/08-80079-013 61.25

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

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: **2/08/08**

Daytime Phone #