

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90018 010 ****70.00

DOCUMENT # 766351 1. Entity Name TEMPLE ARON HAKODESH, INC.					
Principal Place of Business TEMPLE ARON KODESH 4751 NW 24TH CT LAUDERDALE LAKES, FL 33313			Mailing Address TEMPLE ARON KODESH 4751 NW 24TH CT LAUDERDALE LAKES, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		54016741 	
City & State		City & State		4. FEI Number 59-2256255	
Zip		Country		5. Additional Fees Required \$8.75	
6. Name and Address of Current Registered Agent					
KOELNER, HARVEY 4751 NW 24TH CT LAUDERDALE LAKES, FL 33313				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
I, the undersigned, hereby 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 <u>Joseph R. Fordham</u> <i>Joseph R. Fordham Bus. Adm.</i> <u>3/8/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to \$ 70 Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOELNER, HARVEY 5317 MYRTLE TERR. PLANTATION, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARLO, BOB 715 HOLLY LANE PLANTATION, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LASH, NEIL 888 AZALEA CT. PLANTATION, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FORDHAM, JOE 3345 ENCLAVE BLVD LAUDERDALE, FL 33319	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FORDHAM, JOE 3345 ENCLAVE BLVD LAUDERDALE, FL 33319	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FORDHAM, JOE 3345 ENCLAVE BLVD LAUDERDALE, FL 33319	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied was true and correct at the time of filing. I further certify that the information indicated on this report is true and correct and that the information is true and correct as of the date of filing. I am familiar with, and accept the obligations of registered agent.					
JRE: <u>Joseph R. Fordham</u> <i>Joseph R. Fordham Business Administrator</i> <u>3/8/04</u> <u>954-485-8491</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					