

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2005  
Secretary of State**

DOCUMENT# N02000005820

Entity Name: CONGREGATION SHIR HADASH, INC.

**Current Principal Place of Business:**

2005 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 160822  
ALTAMONTE SPRINGS, FL 327160822

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, PHILIP  
2005 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779 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:                      D                      ( ) Delete  
Name:                      BROWN, PHILIP  
Address:                      2005 SPRINGS LANDING BLVD  
City-St-Zip:                      LONGWOOD, FL 32779

Title:                      D                      ( ) Delete  
Name:                      KANE, JOSHUA  
Address:                      1300 NORTH MARAY  
City-St-Zip:                      LONGWOOD, FL 32750

Title:                      D                      ( ) Delete  
Name:                      SCHREIBER, BARRY  
Address:                      766 MUSAGO RUN  
City-St-Zip:                      LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PHILIP BROWN

D

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date