

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004458

Entity Name: EL ELOHEI ISRAEL, INC.

FILED
Apr 09, 2005
Secretary of State

Current Principal Place of Business:

2915 WEST FERN STREET
TAMPA, FL 33614

New Principal Place of Business:

3623 SPRINGVILLE DRIVE
VALRICO, FL 33594

Current Mailing Address:

2915 WEST FERN STREET
TAMPA, FL 33614

New Mailing Address:

3623 SPRINGVILLE DRIVE
VALRICO, FL 33594

FEI Number: 06-1696348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULIDO, BONITA R
2915 WEST FERN STREET
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

FOCHLER, TERRI J
3623 SPRINGVILLE DRIVE
VALRICO, FL 33594 US

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: TERRI FOCHLER

04/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PULIDO, PHILIP P
Address: 2915 WEST FERN STREET
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: PULIDO, BONITA R
Address: 2915 WEST FERN STREET
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: BISHOP, WILLIAM
Address: 3821 SOUTHVIEW
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BISHOP, ANGELA
Address: 3821 SOUTHVIEW
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARENT, THOMAS P
Address: 1931 HIGH GLEN COURT SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: PARENT, LORRAINE R
Address: 1931 HIGH GLEN COURT SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: LEMONS, GAYLA L
Address: 923 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: FOCHLER, TERRI J
Address: 3623 SPRINGVILLE DRIVE
City-St-Zip: VALRICO, FL 33594

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: TERRI FOCHLER

D

04/09/2005

Electronic Signature of Signing Officer or Director

Date