

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2006  
Secretary of State**

DOCUMENT# N04000009705

Entity Name: TEMPLE KOL AMI EMANU-EL FOUNDATION, INC.

**Current Principal Place of Business:**

8200 PETERS ROAD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8200 PETERS ROAD  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 20-1836125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COHN, ALAN B  
100 W. CYPRESS CREEK ROAD  
700  
FT. LAUDERDALE, FL 33309 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: MICHAELS, DIANE  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: FISHMAN, JANE  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete  
Name: OSTRU, NORMAN  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: GOODMAN, STANLEY  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete  
Name: KRATHEN, DAVID  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: DC ( ) Delete  
Name: COLMAN, ROBERT  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAGER, LEE  
Address: 8200 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: ROBERT COLMAN

DC

03/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date