

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009705

FILED  
Jan 28, 2009  
Secretary of State

**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:**

COLEMAN, ROBERT  
1140 NW 93RD TERRACE  
PLANTATION, FL 33322 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: ROBERT COLEMAN

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAGER, LEE  
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: 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: ( ) 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 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 COLEMAN

DC

01/28/2009

Electronic Signature of Signing Officer or Director

Date