

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011921

FILED
Aug 03, 2005
Secretary of State

Entity Name: K'HILAH SHALOM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

31538 SUMMIT ST
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

31538 SUMMIT ST
SORRENTO, FL 32776

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOLINE, DAWN L
31538 SUMMIT ST
SORRENTO, FL FL 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MOLINE, STEPHEN K
Address: 31538 SUMMIT ST
City-St-Zip: SORRENTO, FL 32776

Title: VP () Change (X) Addition
Name: MOYER, TIMOTHY
Address: 5345 TURTLE DOVE TRAIL
City-St-Zip: LAKELAND, FL 33810

Title: S () Change (X) Addition
Name: WILBURN, LINDA
Address: 8620 N SAN FILIPPO LOOP
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T () Change (X) Addition
Name: SMITH, KATHY
Address: 3400 N SAILBOAT AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

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: STEPHEN K MOLINE

P

08/03/2005

Electronic Signature of Signing Officer or Director

Date