

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011921

FILED
Aug 28, 2009
Secretary of State

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

Current Principal Place of Business:

14356 SW 39TH TERR
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

14356 SW 39TH TERR
OCALA, FL 34473

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:

Name and Address of New Registered Agent:

MOLINE, DAWN L
31538 SUMMIT ST
SORRENTO, FL FL 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLINE, STEPHEN K
Address: 14356 SW 39TH TERR
City-St-Zip: OCALA, FL 34473

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

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

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

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:

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: DAWN MOLINE

RA

08/28/2009

Electronic Signature of Signing Officer or Director

Date