


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90084 028 \*\*\*\*61.25

<b>DOCUMENT # N04613</b> 1. Entity Name <b>TEMPLE SHIR SHALOM OF GAINESVILLE, INC.</b>					
Principal Place of Business <b>TEMPLE SHIR SHALOM</b> <b>3855 NW 8 AVE</b> <b>GAINESVILLE, FL 32605 US</b>			Mailing Address <b>TEMPLE SHIR SHALOM</b> <b>3855 NW 8 AVE</b> <b>GAINESVILLE, FL 32605 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2483223</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SALZMAN, ANTHONY J.</b> <b>500 E. UNIVERSITY AVE., SUITE A</b> <b>GAINESVILLE, FL 32602-9759</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>JACOBSON, BARRY</b> STREET ADDRESS <b>2436 NW 37 TERR</b> CITY-STATE-ZIP <b>GAINESVILLE, FL 32605</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>JACOBSON, ELAINE</b> NAME <b>2436 NW 37th TERR</b> STREET ADDRESS <b>GAINESVILLE, FL 32605</b> CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>RECKSEIT, DAVID</b> STREET ADDRESS <b>7804 SW 47TH COURT</b> CITY-STATE-ZIP <b>GAINESVILLE, FL 32608</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>BILSKY, STUART</b> NAME <b>1114 SW 143rd ST</b> STREET ADDRESS <b>NEWBERRY, FL 32669</b> CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>SCHNOLL, MARC</b> STREET ADDRESS <b>4432 NW 23RD AVE SUITE 8</b> CITY-STATE-ZIP <b>GAINESVILLE, FL 32606</b>	<input checked="" type="checkbox"/> Delete		TITLE <del>BARNETT</del> NAME <b>MANDELL, BARNETT</b> STREET ADDRESS <b>657 TURKEY CREEK</b> CITY-STATE-ZIP <b>ALACHUA, FL 32615</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Barnett Mandell</i> <b>BARNETT MANDELL</b> <b>1-10-08</b> <b>386 418-0737</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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