2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04613

FILED Jan 26, 2009 Secretary of State

Entity Name: TEMPLE SHIR SHALOM OF GAINESVILLE, INC.

US

Current Principal Place of Business: New Principal Place of Business:

TEMPLE SHIR SHALOM 3855 NW 8 AVE

GAINESVILLE, FL 32605 US

Current Mailing Address: New Mailing Address:

TEMPLE SHIR SHALOM 3855 NW 8 AVE GAINESVILLE, FL 32605

FEI Number: 59-2483223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALZMAN, ANTHONY J. 500 E. UNIVERSITY AVE., SUITE A GAINESVILLE, FL 326029759 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:

Flacture is Circulated at Devictor of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 JACOBSON, ELAINE
 Name:
 BILSKY, STUART

 Address:
 2436 NW 37TH TERR
 Address:
 1114 SW 143 ST

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 NEWBERRY, FL 32669

Title: V () Delete Title: V (X) Change () Addition Name: RECKSEIT, DAVID Name: SLOBODY, DAVIDA

 Name:
 RECKSEIT, DAVID
 Name:
 SLOBODY, DAVIDA

 Address:
 1114 SW 143RD ST
 Address:
 11420 NW 202 ST

 City-St-Zip:
 NEWBERRY, FL 32669
 City-St-Zip:
 ALACHUA, FL 32615

Title: T () Delete Title: () Change () Addition

 Name:
 MANDELL, BARNETT
 Name:

 Address:
 657 TURKEY CRK
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 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: BARNETT MANDELL T 01/26/2009