

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001778

FILED
May 01, 2007
Secretary of State

Entity Name: MT. SINAI HOLY TEMPLE #2, INC.

Current Principal Place of Business:

2526 SANDY LANE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2526 SANDY LANE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3688057 FEI Number Applied For () FEI Number Not Applicable () 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:

JOHNSON, RUBY PASTOR
2526 SANDY LANE
ORLANDO, FL 32818 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: PD () Delete
Name: JOHNSON, RUBY
Address: 2526 SANDY LANE
City-St-Zip: ORLANDO, FL 32818

Title: VPD () Delete
Name: MCCLAIN, CHARLES
Address: 108 SPRINGS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: MCCLAIN, KAREN
Address: 108 SPRINGS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: WOODARD, JULIE
Address: 2204 FONTAINBLEAU DRIVE
City-St-Zip: ORLANDO, FL 32808

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: RUBY JOHNSON

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date