


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 022 ****61.25

DOCUMENT # N05000002817 1. Entity Name TEMPLE TORAH FOUNDATION, INC.			
Principal Place of Business 1375 GATEWAY BLVD - STE 11 BOYNTON BEACH, FL 33426		Mailing Address 1375 GATEWAY BLVD - STE 11 BOYNTON BEACH, FL 33426	
2. Principal Place of Business - No P.O. Box # 1375 GATEWAY BLVD Suite, Apt. #, etc. STE 9 City & State BOYNTON BEACH, FL Zip 33426-8304 Country USA		3. Mailing Address 1375 GATEWAY BLVD Suite, Apt. #, etc. STE 9 City & State BOYNTON BEACH, FL Zip 33426-8304 Country USA	
4. FEI Number 20-2523594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S FLAGLER DR STE 500 EAST W PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name SHELDON JONTIFF Street Address (P.O. Box Number is Not Acceptable) 1375 GATEWAY BLVD STE 9 City BOYNTON BEACH FL Zip Code 33426-8304	
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 <u>SHELDON JONTIFF</u> DATE <u>01/05/2007</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKEY, RUTH 4684 BUCIA RD BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONTIFF, SHELDON 1375 GATEWAY BLVD - STE 11 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANES, MARVIN 12511 IMPERIAL ISLE DR - # 405 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONTIFF, SHELDON 1375 GATEWAY BLVD - STE 9 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONTIFF, SHELDON 1375 GATEWAY BLVD - STE 9 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	<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.			
SIGNATURE: <u>SHELDON JONTIFF</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		DATE: <u>01/05/2007</u> DAYTIME PHONE: <u>561-536-0538</u>	