

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004147

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** TEMPLE EMANUEL DAY CARE, INC.

**Current Principal Place of Business:**

600 LAKE HOLLINGSWORTH DR.  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

600 LAKE HOLLINGSWORTH DR.  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 27-3031897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINER, MICHAEL G  
2137 KIRKLAND LAKE DR.  
AUBURNDALE, FL 33823 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: P  
Name: RISKIN, MICHAEL  
Address: 600 LAKE HOLLINGSWORTH DR  
City-St-Zip: LAKELAND, FL 33803

Title: T  
Name: ESTROFF, KEVIN  
Address: 600 LAKE HOLLINGSWORTH DR  
City-St-Zip: LAKELAND, FL 33803

Title: VP  
Name: SNYDER, JODY  
Address: 600 LAKE HOLLINGSWORTH DR  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL RISKIN

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date