

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# N14081

Entity Name: CONGREGATION TORAH OHR, INC.

Current Principal Place of Business:

19146 LYONS RD.
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19146 LYONS RD.
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0123385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DAVID
2031 YARMOUTH B
BOCA RATON, FL 33434 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: VD () Delete
Name: ISAACSON, SAM
Address: 8397 SPRINGLAKE DR
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: WOLF, AL
Address: 2024 YARMOUTH B
City-St-Zip: BOCA RATON, FL 33434

Title: PD () Delete
Name: KOSTMAN, SAM
Address: BRIGHTON I 375
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: HAHN, JACK,
Address: WOLVERTON C4041
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: TENNENBERG, ISADORE
Address: 1024 YARMOUTH B
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: JACOBS, DAVID
Address: 2031 YARMOUTH
City-St-Zip: BOCA RATON, FL 33434

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: SD (X) Change () Addition
Name: LEVINE, MARTIN
Address: 4080 WOLVERTON D
City-St-Zip: BOCA RATON, FL 33463

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 for the exemption stated in Section 119.07(3)(i), 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: SAM KOSTMAN

PD

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date