

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 041 ****61.25

DOCUMENT # N14081
 1. Entity Name
 CONGREGATION TORAH OHR, INC.



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| Principal Place of Business 19146 LYONS RD. BOCA RATON, FL 33434 | Mailing Address 19146 LYONS RD. BOCA RATON, FL 33434 |
|--|--|

90033001



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03262008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0123385 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

 KLEIN, AARON MELVIN
 1033 YARMOUTH B
 BOCA RATON, FL 33434

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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 *[Signature]* DATE *4/1/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ISAACSON, SAM 1015 YARMOUTH A BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WOLF, AL 2024 YARMOUTH B BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V AVI, GITTLER 4064 AINSLIE D BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LEVINE, MARTIN 4080 WOLVERTON D BOCA RATON, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KLEIN, JUDAH 1047 YARMOUTH C BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KLEIN, AARON MELVIN 1033 YARMOUTH BOCA RATON, FL 33434 |

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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: *[Signature]* DATE *4/1/08* 561 479 4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR