

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
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:**

KLEIN, AARON MELVIN  
1033 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: P      ( ) Delete  
Name: ISAACSON, SAM  
Address: 1015 YARMOUTH A  
City-St-Zip: BOCA RATON, FL 33434

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

Title: V      ( ) Delete  
Name: AVI, GITTLER  
Address: 4064 AINSLIE D  
City-St-Zip: BOCA RATON, FL 33434

Title: V      ( ) Delete  
Name: LEVINE, MARTIN  
Address: 4080 WOLVERTON D  
City-St-Zip: BOCA RATON, FL 33463

Title: S      ( ) Delete  
Name: KLEIN, JUDAH  
Address: 1047 YARMOUTH C  
City-St-Zip: BOCA RATON, FL 33434

Title: T      ( ) Delete  
Name: KLEIN, AARON MELVIN  
Address: 1033 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:      ( ) 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: SAM ISAACSON

P

04/20/2009

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

\_\_\_\_\_  
Date