## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17466

**FILED** May 03, 2007 Secretary of State

Entity Name: TEMPLE ADATH OR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9598 GRIFFIN RD

COOPER CITY, FL 33328 US

**Current Mailing Address: New Mailing Address:** 

9598 GRIFFIN RD

COOPER CITY, FL 33328 US

FEI Number: 59-2740747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROSS, FLORENCE 4401 QUEEN PALM LANE TAMARAC, FL 33319

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition LABOWITS, SHONI LABOWITZ, SHONI Name: Name: Address: 11450 SW 16TH STREET Address: 11450 SW 16TH STREET

City-St-Zip: **DAVIE, FL 33325** City-St-Zip: **DAVIE. FL 33325** 

Title: () Delete Title: () Change () Addition ROSS, FLORENCE, Name: Name:

Address: 4401 QUEEN PALM LANE Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition GALLAND, FRED Name: WOLF, MYRNA Name:

6685 WOODBRIDGE DR 710 E COCOPLUM CIRCLE #2 Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: PLANTAION, FL 33324

Title: ( ) Delete Title: (X) Change ( ) Addition

LABOWITS, PHILLIP LABOWITZ, PHILLIP Name: Name: 11450 SW 16TH STREET 11450 SW 16TH STREET Address: Address: City-St-Zip: **DAVIE, FL 33325** City-St-Zip: **DAVIE, FL 33325** 

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: SHONI LABOWTIZ C 05/03/2007