

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 19, 2008  
Secretary of State

DOCUMENT# N17466

Entity Name: TEMPLE ADATH OR, INC.

**Current Principal Place of Business:**

9598 GRIFFIN RD  
COOPER CITY, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

9598 GRIFFIN RD  
COOPER CITY, FL 33328 US

**New Mailing Address:**

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

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

ROSS, FLORENCE  
4401 QUEEN PALM LANE  
TAMARAC, FL 33319 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: C      ( ) Delete  
Name: LABOWITZ, SHONI  
Address: 11450 SW 16TH STREET  
City-St-Zip: DAVIE, FL 33325

Title: D      ( ) Delete  
Name: ROSS, FLORENCE,  
Address: 4401 QUEEN PALM LANE  
City-St-Zip: TAMARAC, FL 33319

Title: D      ( ) Delete  
Name: WOLF, MYRNA  
Address: 710 E COCOPLUM CIRCLE #2  
City-St-Zip: PLANTAION, FL 33324

Title: P      ( ) Delete  
Name: LABOWITZ, PHILLIP  
Address: 11450 SW 16TH STREET  
City-St-Zip: DAVIE, FL 33325

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D      ( ) Change (X) Addition  
Name: LABOWITZ, MARC  
Address: 922 SW 124TH TERRACE  
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: MYRNA WOLF

D

03/19/2008

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

\_\_\_\_\_  
Date