


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90007 008 ****61.25

DOCUMENT # N30477	
1. Entity Name THE CONGREGATION AHAVATH CHESED, INC.	

Principal Place of Business 8727 SAN JOSE BOULEVARD C/O MARTY TRACKTENBERG JACKSONVILLE FL 32217-1289	Mailing Address 8727 SAN JOSE BOULEVARD C/O MARTY TRACKTENBERG JACKSONVILLE FL 32217-1289
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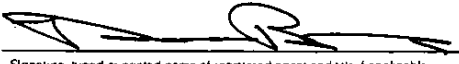
2. Principal Place of Business 8727 San Jose Blvd.	3. Mailing Address 8727 San Jose Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32217	Zip 32217
Country USA	Country USA

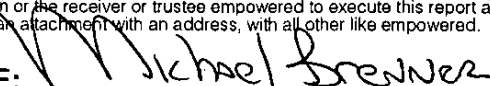
4. FEI Number 59-0774176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRACHTENBERG, MARTY 8727 SAN JOSE BOULEVARD JACKSONVILLE FL 32217	7. Name and Address of New Registered Agent David Brook 8727 San Jose Blvd. Jacksonville FL 32217
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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 	DATE 7/27/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POPELL, JUDY 1700 PARK TERRACE E. ATLANTIC BEACH FL 32233 DVP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELINOFF, RON 2811 SCOTT MILL ESTATES DR. JACKSONVILLE FL 32257 DVP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENNER, MICHAEL 109 CALLEY COURT JACKSONVILLE FL 32259 DVP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCO, DAVID 2399 OCEAN BREZE COURT ATLANTIC BEACH FL 32233 DS <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAZEL, MACK 1423 SAN AMARO ROAD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE 8/12/05 2683118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	