


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|---|---|---|--|---|
| DOCUMENT # N48509 1. Entity Name MT. SINAI CEMETERY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2920 N PENNINSULA DR DAYTONA BEACH FL 32118 US | | | Mailing Address P.O. BOX 62 DAYTONA FL 32115 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 23-7075029 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent DOLINER, JEROME N. 2920 N PENINSULA DR DAYTONA BEACH FL 32118 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DP DOLINER, JEROME N. 2920 N. PENINSULA DR. DAYTONA BEACH FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DV OSSINSKY, LOUIS, JR. 913 PENINSULA DRIVE ORMOND BEACH FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DT TABASKY, ROB 152 SANDCASTLE DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D KATZ, DORIS P. 395 S. ATLANTIC AVE. ORMOND BEACH FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DS UNATION, STEVEN 513 OYSTER BAY DR ORMOND BEACH FL 32174 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Rob Tabasky</i> ROSE TABASKY TRENE | | | | 1/23/7 366 252-0676 | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |