2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

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DOCUMENT # N9400000766 1. Enlity Name HOLLYWOOD COMMUNITY SYNAGOGUE, INC.						02-24-20	06 9000′	7 046 ****61	1.25
	e of Business 1 46 AVENUE 3, FL 33021	Mailing Address 2221 NORTH 46 AVENUI HOLLYWOOD, FL 33021	<i>.</i> E						
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172006	Chg-NP	CR2	E037 (11/05)	
City & State .		- City & State	City & State		4. FEI Numbe 65-0560	388			oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🗌	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Register	red Agent	
			Name						
	ELD, BARRY J ESQ. UNRISE BLVD		Street Address		(P.O. Box Number is Not Acceptable)				
	ION, FL 33313			-				•	
			City					FL Zip Code	e
8. The above the obligat	named entity submits this statement fortions of registered agent.	r the purpose of changing its re	egistered office o	r register	ed agent, or both	n, in the State o	of Florida. I	am familiar with,	and accept
CIONIATURE									
SIGNATURE .		and title if applicable. (NOTE: F	Registered Agent signal	ture required	when reinstaling)	· · · ·		TE .	
SIGNATURE .	Signature, typed or printed name of registered agent	<u> </u>	Registered Agent signal	ture required	when reinstating)		DA	TE	
SIGNATURE		9. Election Camp Trust Fund Co	baign Financing		\$5.00 May Be Added to Fees		Make ci	neck payable to partment of St	
10.	Signature, typed or printed name of registared agent Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	baign Financing		\$5.00 May Be Added to Fees		Make ci Florida De	neck payable to	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trysted 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: _

ATURE AND TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date