

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005019 (1)

1. Corporation Name

TEMPLE ARON KODESH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1015 S SEMORAN BLVD
CASSELBERRY FL 32718

1015 S SEMORAN BLVD
CASSELBERRY FL 32718

2. Principal Place of Business (Semoran)

21 1015 E. Semoran Blvd.

Suite, Apt. #, etc.

22 Suite 245

City & State

23 Casselberry, FL

Zip Country

24 32707 25 Seminole

2a. Mailing Address

26 1015 E. Semoran Blvd.

Suite, Apt. #, etc.

27 Suite 245

City & State

28 Casselberry, FL

Zip Country

29 32707 30 Seminole

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3466446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name AUDREY SANDFORD

82 Street Address (P.O. Box Number is Not Acceptable)

1015 E. SEMORAN BLVD, STE 245

83

84 City CASSELBERRY

FL

85 Zip Code 32707

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Audrey Sandford

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

9/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FORDHAM, JOE
STREET ADDRESS 1015 S SEMORAN BLVD
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE ☐ DELETE

NAME FORDHAM, RONI
STREET ADDRESS 1015 S SEMORAN BLVD
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE ☐ DELETE

NAME WING, BRIAN
STREET ADDRESS 1015 S SEMORAN BLVD
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE ☐ DELETE

NAME WING, WENDY
STREET ADDRESS 1015 S SEMORAN BLVD
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE ☐ DELETE

NAME SANDFORD, AUDREY
STREET ADDRESS 1015 S SEMORAN BLVD
CITY-ST-ZIP CASSELBERRY FL 32718

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FORDHAM, JOE
1.3 STREET ADDRESS 1015 E. Semoran Blvd - Suite 245
1.4 CITY-ST-ZIP Casselberry, FL 32707

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME FORDHAM, RONNI
2.3 STREET ADDRESS 1015 E. Semoran Blvd - Suite 245
2.4 CITY-ST-ZIP Casselberry, FL 32707

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D/V
3.3 STREET ADDRESS 1015 E. Semoran Blvd - Suite 245
3.4 CITY-ST-ZIP Casselberry, FL 32707

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D/S
4.3 STREET ADDRESS WING, WENDY
1015 E. Semoran Blvd - Suite 245
4.4 CITY-ST-ZIP Casselberry, FL 32707

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D/T
5.3 STREET ADDRESS SANDFORD, AUDREY
1015 E. Semoran Blvd - Suite 245
5.4 CITY-ST-ZIP Casselberry, FL 32707

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D/P
6.3 STREET ADDRESS SANDFORD, RANDY
1015 E. Semoran Blvd - Suite 245
6.4 CITY-ST-ZIP Casselberry, FL 32707

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Audrey Sandford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/98 (407) 327-3110

Date Daytime Phone #

CR2E037 (5/98)

FILED
Sep 30 1998 8:00am
Secretary of State

