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NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N97000005019**

1. Corporation Name

TEMPLE ARON KODESH OF ORLANDO, INC.

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       342030 - 90008 - 6
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Principal Place of Business	Mailing Address
1015 E SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707 US	1015 E SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **09/05/1997**	
21	26	4. FEI Number **59-3466446**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
SANDFORD, AUDREY 1015 E SEMORAN BLVD SUITE 245 CASSELBERRY FL 32707	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	**FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME FORDHAM, JOE STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32718	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition *32707*
TITLE D NAME FORDHAM, RONNI STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32718	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition *32707*
TITLE DV NAME WING, BRIAN STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32718	☒ DELETE	3.1 TITLE *D T* 3.2 NAME *Helaine Blum* 3.3 STREET ADDRESS *1015 E. Semoran Blvd., Suite 245* 3.4 CITY-ST-ZIP *Casselberry, FL 32707*	☐ Change ☒ Addition
TITLE DS NAME WING, WENDY STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32718	☒ DELETE	4.1 TITLE *$ D* 4.2 NAME *Yetta Thomas* 4.3 STREET ADDRESS *1015 E. Semoran Blvd., Suite 245* 4.4 CITY-ST-ZIP *Casselberry, FL 32707*	☐ Change ☒ Addition
TITLE DX NAME SANDFORD, AUDREY STREET ADDRESS 1015 E SEMORAN BLVD, SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32718	☐ DELETE	5.1 TITLE *Secretary* 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP *32707*	☒ Change ☐ Addition
TITLE DP NAME SANDFORD, RANDY STREET ADDRESS 1015 E SEMORAN BLVD SUITE 245 CITY-ST-ZIP CASSELBERRY FL 32707	☐ DELETE	6.1 TITLE *D V P* 6.2 NAME *Fred and Vonda Stanley* 6.3 STREET ADDRESS *1015 E. Semoran Blvd., suite 245* 6.4 CITY-ST-ZIP *Casselberry, FL 32707*	☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE: _____*Audrey*_____   *4/12/99*   *(407) 830-8250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #