

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM

Secretary of State

DOCUMENT # N97000006437

1. Entity Name

HAVURAH SHALOM, INC.



Principal Place of Business

10980-B ROEBELINI PALM COURT
BOYNTON BEACH FL 33437

Mailing Address

10980-B ROEBELINI PALM COURT
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

KARSH, SIDNEY
10980-B ROEBELINI PALM COURT
BOYNTON BEACH FL 33437

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME KARSH, SIDNEY ☐ Delete
STREET ADDRESS 10980-B ROEBELINI PALM COURT
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE DS
NAME BLACKER, RABBI S ☐ Delete
STREET ADDRESS 1420 NW 28 AVE.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME PHILLIPS, EDWARD ☐ Delete
STREET ADDRESS 8410 LEEWAY LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D
NAME KARSH, RUTH B ☐ Delete
STREET ADDRESS 10980B ROEBELINI PALM CT
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000034620
CITY-ST-ZIP 02/05/04-80090-012 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sidney Karsh

Feb 1 2004

561-736 9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cayman Phone #