


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 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
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0779644

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KARSH, SIDNEY 10980-B ROEBELINI PALM COURT BOYNTON BEACH, FL 33437
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KARSH, SIDNEY 10980-B ROEBELINI PALM COURT BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLACKER, RABBI S 1420 NW 28 AVE. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, EDWARD 8410 LEEWAY LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARSH, RUTH B 10980B ROEBELINI PALM CT BOYNTON BCH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80078-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: 