

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90016 038 \*\*\*\*61.25

DOCUMENT # N98000000279 ✓

1. Corporation Name

PROJECT SHOFAR, INCORPORATED

Principal Place of Business

235 ROOSEVELT SQUARE  
OVIEDO FL 32765

Mailing Address

235 ROOSEVELT SQUARE  
OVIEDO FL 32765



2. Principal Place of Business

21 ZIP: 32765-5305

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 32765-5305 25

2a. Mailing Address

26 ZIP: 32765-5305

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32765-5305 30

3. Date Incorporated or Qualified  
01/16/1998

4. FEI Number

59-3488209

= 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

9. Name and Address of Current Registered Agent

WARMOTH, EDWARD  
235 ROOSEVELT SQUARE  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D, P  
EDWARD LEE WARMOTH  
STREET ADDRESS 235 ROOSEVELT SQUARE  
CITY-ST-ZIP OVIEDO, FL 32765-5305

TITLE ☐ DELETE

NAME D, T, S  
SANDRA MARIE WARMOTH  
STREET ADDRESS 235 ROOSEVELT SQUARE  
CITY-ST-ZIP OVIEDO, FL 32765-5305

TITLE ☐ DELETE

NAME D (EXECUTIVE DIRECTOR)  
GARY MICHAEL COOPER  
STREET ADDRESS 16 YEHOSHUA BEN NUN STREET  
CITY-ST-ZIP KERYAT ARBA, ISRAEL 90100

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-99 407-366-0834

Date

Daytime Phone #

CR2E037 (5/99)