



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90183 030 ****61.25

DOCUMENT # N98000006040			
1. Entity Name TEMPLE OHEV SHALOM, INC.			
Principal Place of Business 15505 BERENSON PLACE TAMPA, FL 33647		Mailing Address 16057 TAMPA PALM BOULEVARD WEST #375 TAMPA, FL 33647	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 17316 Cheringo Lane		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33647		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEISSMAN, MARK S 13601 BRUCE B. DOWNS BLVD., SUITE 121 TAMPA, FL 33613		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSMAN, MARK S 15505 BERENSON PLACE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17316 Cheringo Lane Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALL, NANCY 9215 HIGHLAND RIDGEWAY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8700 Tantalum Circle Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GELLER, HELENE 7129 WAKEHUM DR TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7129 Wareham Dr. Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURER, TRACY 9324 HUNTERS PARK WAY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9466 Hunters Pond Dr Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAURER, CRAIG 9324 HUNTERS PARK WAY TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9466 Hunters Pond Dr. Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		5/1/04 (813)245-3172	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hele W. Geller		Date Daytime Phone #	

64016611



04162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3538955 Applied For Not Applicable

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