

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90167 029 \*\*\*\*61.25

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04222005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000006040</b> 1. Entity Name <b>TEMPLE OHEV SHALOM, INC.</b>					
Principal Place of Business <b>17316 CHENAGO LANE TAMPA, FL 33647</b>			Mailing Address <b>16057 TAMPA PALM BOULEVARD WEST #375 TAMPA, FL 33647</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3538955</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEISSMAN, MARK S 13601 BRUCE B. DOWNS BLVD., SUITE 121 TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent Name <b>MARK S WEISSMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>17316 CHENAGO LA</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33647</b>	
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 <u><i>[Signature]</i></u> DATE <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WEISSMAN, MARK S 17316 CHENAGO LANE TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WALL, NANCY 8720 TANTALLON CIR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GELLER, HELENE 7129 WARRENHAM DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MAURER, TRACY 9466 HUNTERS POND DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MAURERE, CRAIG 9466 HUNTERS POND DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MAURER 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MAURERE, CRAIG 	<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: <u><i>[Signature]</i></u> <u>Helene M. Geller</u> <u>4/20/05</u> <u>(813) 632-9900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					