

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N98000006040

1. Entity Name
TEMPLE OHEV SHALOM, INC.



Principal Place of Business
6460 TAMPA PALMS BLVD.
TAMPA, FL 33647

Mailing Address
P.O. BOX 46155
TAMPA, FL 33647



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3538955

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSMAN, MARK S
17316 CHENANGO LANE
TAMPA, FL 33647

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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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISSMAN, MARK S
STREET ADDRESS	17316 CHENAGO LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VPD
NAME	FOUST, MADELINE DR
STREET ADDRESS	4925 EBENSBURG DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD
NAME	GELLER, HELENE
STREET ADDRESS	7129 WAREHAM DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	TD
NAME	SHERMAN, DIANE
STREET ADDRESS	1728 CYPRESS CREEK RD
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	PD
NAME	MAURER, CRAIG
STREET ADDRESS	9466 HUNTERS POND DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80050-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diane Sherman Diane Sherman Treasurer 4/4/07 813-985-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #