

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735534

(0)

1. Corporation Name

GOLDEN LAKES TEMPLE, INC.



Principal Place of Business

1470 GOLDEN LAKES BLVD.
WEST PALM BEACH FL 33411

Mailing Address

1470 GOLDEN LAKES BLVD.
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified
04/09/1976

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

PALM BEACH

29

30

4. FEI Number

59-1713631

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPIR, ISIDORE
449 GOLDEN RIVER DRIVE
WEST PALM BCH FL 33411

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LANDSMAN, JACK
STREET ADDRESS 103 LAKE SUSAN DR.
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME WOLF, JOSEPH
STREET ADDRESS 122 LAKE PAULA DRIVE
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LANGWEILER, ALBERT
STREET ADDRESS 327 GOLDEN RIVER DR.
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MOLINSKY, SARAH
STREET ADDRESS 314 LAKE EVELYN DR.
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE FS
NAME FELDMAN, MILTON
STREET ADDRESS 137 LAKE SUSAN DR.
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME RADWIN, ARTHUR
STREET ADDRESS 119 LAKE GLORIA DRIVE
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack Landsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK LANDSMAN
PRES.

01/24-96

407
689-9430

Date

Daytime Phone #

CR2E037 (12/95)