| DOCUMENT # 735534 1. Entity Name GOLDEN LAKES TEMPLE, INC. | | | | M | May 17, 2000 8:00 am Secretary of State 01-31-2000 90015 029 ****61.25 | | | |
|--|---|--|----------------------------|---|--|------------------------------|------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | |
| 1470 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411 | | 1470 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411-3302 | | | or an an | | | |
| | | | | 1 | ### 767 #1 #270 Wild# 17267 #201 #2024 # | ION WEN DIEN DIEN | filli i del | |
| 2. Principal Place of Business 5 Am E | | 3. Mailing Address 3 AME | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. NUML | | | DO NOT WRITE IN THIS | SPACE | | |
| City & State | SAMC | City & State | | 4. FEI Numbe | 59-1713631 | | lied For Applicable | |
| Zip | Country PALH BCACH | Zip SAME | Country P.ALH-BEACH | 5. Certificate | of Status Desired | \$8.75 Addil Fee Required | ional | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and | Address of New Registered | Agent | | |
| | | | Name | SAME | • | | | |
| AADD JAIDADE | | | | ress (P.O. Box Number | r is Not Acceptable) | · ·· | | |
| Sapir, isidore 449 golden river drive | | | | s AME | | | | |
| WEST PALM BCH FL 33411 | | | | SANE | | 7in Cada | | |
| | | | City | CAME | F | L Zip Code | 16 | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | nd lite it applicable. (NOTE: | Registered Agent signature | | Make Chec | k Payable to | | |
| 1; | FEE IS \$61.25 | Trust Fund Contribu | | \$5.00 May Be Added to Fees | | ent of State | | |
| 10. | OFFICERS AND DIF | ECTORS | 11. | | ANGES TO OFFICERS AND | DIRECTORS IN | | |
| TITLE | PD | ☐ Delete | TITLE | 15 JONES AI | | Change | Addition | |
| NAME OTREET LOGRESON | ZALESCH, HAROLD | | NAME STREET ADDRESS | 449 6.608 | N RIVER DRIVE | | | |
| STREET ADDRESS CITY-ST-ZIP | 199 LAKE FRANCES DR | | CITY-ST-ZIP | SID + AMM | BENCH, CIONINA | 231611 | | |
| TITLE | W PALM BCH FL 33411 1VPD | □ Delete | TITLE | west profe | per () processing | ☐ Change | Addition | |
| NAME | STEWHARDT, GUNTHER | | NAME | GUNTHER | STEINHARDT | | | |
| STREET ADDRESS | 208 LAKE HELEN DR | | STREET ADDRESS | | | | | |
| - CITY-ST-ZIP | W PALM BCH FL 33411 | | CITY-ST-ZIP | | | | | |
| TITLE | SVP | ☐ Oelete | TITLE | | | Change | Addition | |
| NAME STREET ADDRESS | NEWMAN, HARRY | | NAME Street address | | | | | |
| CITY-ST-ZIP | 198 LAKE SUSAN LANE W PALM BCH FL 33411 | | CITY-ST-ZIP | | | | | |
| TITLE | TD | ☐ Delete | TITLE | · | | Change | ☐ Addition | |
| NAME | MOLINSKY, SARAH | | NAME | | | | | |
| STREET ADDRESS | 314 LAKE EVELYN DR. | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | WEST PALM BCH FL | | CITY-ST-ZIP | | • | Change | Addition | |
| TITLE | FS COMMAN AULTON | ☐ Delete | TITLE NAME | | | C cuantie | ☐ Apprilan | |
| STREET ADDRESS | FELDMAN, MILTON 137 LAKE SUSAN DR. | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | WEST PALM BCH FL | | CITY-ST-ZiP | | | | - | |
| TITLE | S | ☐ Defete . | TITLE | | | Change | Addition | |
| NAME | BERGER, ESTELLE | | NAME | | | | | |
| STREET ADDRESS | 154 LAKE MERYL DR, APT. 159 | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP | WEST PALM BCH FL 33411 | this filing dogs not such that | | od in Contine 110 07/2 | Wil Florida Statutae Liturbas | cartify that the | information | |
| l indicated | certify that the information supplied with for this report or supplemental report is reporting on the receiver or trustee emp | s true and accurate and that t | ny signature shall ha | ive the same legal effe | ect as if made under cath; the | atiam an onice | or director | |

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: