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**Feb 07 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # C93000000011 (0)**

1. Corporation Name  
**TEMPLE BETH EL**



Principal Place of Business      Mailing Address  
**579 NORTH NOVA ROAD      579 NORTH NOVA ROAD**  
**ORMOND BEACH FL 32174      ORMOND BEACH FL 32174-4445**

3. Date Incorporated or Qualified <b>09/11/1950</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-6192854</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

**9. Name and Address of Current Registered Agent**  
**GOULD, RODD**  
**51 SHADOW CREEK WAY**  
**ORMOND BEACH FL 32174**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]*      DATE: **1/15/97**

**12. OFFICERS AND DIRECTORS**

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BLUM, RICHARD	
STREET ADDRESS	555 W. GRANADA BLVD F-7	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SACKS, DAVID	
STREET ADDRESS	P.O. BOX 1752 NA	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GOULD, RODD	
STREET ADDRESS	51 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KROUSE, JOHN	
STREET ADDRESS	150 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRIET KRAMER	
1.3 STREET ADDRESS	200 RIVER BLUFF DRIVE	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOWARD KEMP	
2.3 STREET ADDRESS	20 FOXBROOK CHASE	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL ORFINGER	
3.3 STREET ADDRESS	877 QUAIL RUN	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **1/15/97**      PHONE: **904-672-2784**

CR2E037 (9/96)