

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17908 (7)**  
1. Corporation Name  
**FRIENDS OF JERUSALEM TEMPLE MOUNT, INC.**



Principal Place of Business <b>7223 SO. LEEWYNN DR SARASOTA FL 34240</b>	Mailing Address <b>7223 SO. LEEWYNN DR SARASOTA FL 34240-9853</b>
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3. Date Incorporated or Qualified <b>11/17/1986</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>59-2742185</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**BROWNING, GEORGE, III  
46 N. WASHINGTON BLVD., #27  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEN, MONROE P FINANCI</b>	1.2 NAME	
STREET ADDRESS	<b>7223 SO. LEE WYNN DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, HANOCH</b>	2.2 NAME	
STREET ADDRESS	<b>61 EAST 8TH ST. #111</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10003</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>7970 GARDEN DRIVE N.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODEHEFFER, MADELEINE S</b>	4.2 NAME	
STREET ADDRESS	<b>7625 S.W. 55TH PL.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRON, WILLIAM D</b>	5.2 NAME	
STREET ADDRESS	<b>5590 BEE RIDGE RD. #3</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Monroe Spen* **Monroe Spen, Secretary** 3/19/97 (941) 371-2609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063596

CR2E037 (9/96)