

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N17908**  
1. Corporation Name  
*Friends of Jerusalem Temple Mount, Inc.*

Principal Place of Business: *SARASOTA, Florida*  
Mailing Address: *46 N. Washington Blvd #27 SARASOTA, FL 34236*

3. Date Incorporated or Qualified: *11/17/86*  
4. FEI Number: *59-2742185*  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
30

9. Name and Address of Current Registered Agent  
*George Browning 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  
85 Zip Code: **FL**

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<i>Pres Director</i>	<input type="checkbox"/> DELETE
NAME	<i>MADELINE S. RODEHEFFER</i>	
STREET ADDRESS	<i>2625 S. OLS 10530 SE 250 PL # 5105</i>	
CITY-ST-ZIP	<i>Kent, WA 98031</i>	
TITLE	<del>Secretary</del>	<input type="checkbox"/> DELETE
NAME	<del>Sandra Rodeheffer</del>	
STREET ADDRESS	<del>10530 SE 250 PL # 5105</del>	
CITY-ST-ZIP	<del>Kent, WA 98031</del>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> DELETE
NAME	<i>Wm Heron CPA Director</i>	
STREET ADDRESS	<i>5590 Bee Ridge Rd</i>	
CITY-ST-ZIP	<i>SARASOTA, FL 34233</i>	
TITLE	<i>VPres Director</i>	<input type="checkbox"/> DELETE
NAME	<i>Poul Goldberg</i>	
STREET ADDRESS	<i>7970 Garden Drive N</i>	
CITY-ST-ZIP	<i>ST PETERSBURG, FL 33710</i>	
TITLE	<i>Secretary Director</i>	<input type="checkbox"/> DELETE
NAME	<i>SAMUEL BARNUM</i>	
STREET ADDRESS	<i>285 Ind Ave.</i>	
CITY-ST-ZIP	<i>Decatur, GA 30030</i>	
TITLE	<i>Executive Director</i>	<input type="checkbox"/> DELETE
NAME	<i>HANoch Young</i>	
STREET ADDRESS	<i>61 EAST 87 ST, Suite 111</i>	
CITY-ST-ZIP	<i>New York, New York</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>100002545621</i>
5.3 STREET ADDRESS	<i>-06/03/98--01023--092</i>
5.4 CITY-ST-ZIP	<i>***61.25</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*6/2*

14. I 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: *Madeleine S. Rodeheffer* *President*

CR2E037 (10/97)