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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90225 002 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **N17908**

CORPORATION NAME
INDS OF JERUSALEM TEMPLE MOUNT, INC.
OPEN FAMILY FOUNDATION, INC.

PLACE OF BUSINESS Mailing Address
WASHINGTON BLVD **46 N. WASHINGTON BLVD**
FL 34236 **#27**
SARASOTA FL 34236



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
26	26	11/17/1986
2. City, Apt #, etc.	3. Suite, Apt. #, etc.	4. FEI Number
27	27	59-2742185
5. City & State	5. Certificate of Status Desired	Applied For
28	<input type="checkbox"/>	Not Applicable
6. Country	6. Election Campaign Financing	\$8.75 Additional Fee Required
25	Trust Fund Contribution	<input type="checkbox"/>
29		\$5.00 May Be Added to Fees
30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		85 Zip Code	85 Zip Code
GEORGE, III		FL	
N. WASHINGTON BLVD., #27			
SARASOTA FL 34236			

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	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD RODEHEFFER, MADELEINE S 10530 SE 250TH PL, #J105 KENT WA 98031	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD HERRON, WILLIAM CPA 5590 BEE RIDGE RD SARASOTA FL 34233	<input type="checkbox"/> DELETE	1.2 NAME	
VD GOLDBERG, PAUL 7970 GARDEN DRIVE N. ST. PETERSBURG FL 33710	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
SD SAMUEL BARNUM, SAMEK 225 2ND AVE DECATUR GA 30030	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
VEDD YOUNG, HANOCH 61 E 8TH ST, SUITE 111 NEW YORK NY	<input type="checkbox"/> DELETE	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 checked="" 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	

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, with all other like empowered.

SIGNATURE: *Madeleine R. Rodeheffer* 5-15-99 253-520-6897
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)