FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 2: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000875 (4)

1. Corporation Name
TEMPLE BET YAM, INC.

Principal Place of Business	Mailing Address
22 LEE DR ST AUGUSTINE FL 32084	22 LEE DR ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2587 SR 3	26 PO BOX 840052
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST AUGUSTINE, FL	City & State 28 ST AUGUSTINE, FL
Zip 24 32084 Country 25 USA	Zip 29 32084 Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GLADSTONE, CAROL
22 LEE DR
ST AUGUSTINE FL 32084

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE M F Cohen, PRESIDENT — M F COHEN 3/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1 1 TITLE	☐ Change ☐ Addition
NAME	LEE, KAL	1 2 NAME	
STREET ADDRESS	544 WOOD CHASE DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL 32086	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	LEE, BETSY	2 2 NAME	
STREET ADDRESS	544 WOOD CHASE DR	2 3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL 32086	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	☒ Change ☐ Addition
NAME	COHEN, MARTIN	3 2 NAME	
STREET ADDRESS	880 A1A BEACH BLVD #5117	3 3 STREET ADDRESS	850 A1A BEACH BLVD, #26
CITY - ST - ZIP	ST AUGUSTINE FL 32084	3 4 CITY - ST - ZIP	ST AUGUSTINE, FL 32084
TITLE	D	4 1 TITLE	☒ Change ☐ Addition
NAME	COHEN, ROCHELLE	4 2 NAME	
STREET ADDRESS	880 A1A BEACH BLVD #5117	4 3 STREET ADDRESS	850 A1A BEACH BLVD, #26
CITY - ST - ZIP	ST AUGUSTINE FL 32084	4 4 CITY - ST - ZIP	ST AUGUSTINE, FL 32084
TITLE	DS	5 1 TITLE	☐ Change ☐ Addition
NAME	GLADSTONE, CAROL	5 2 NAME	
STREET ADDRESS	22 LEE DR	5 3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL 32084	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	GLADSTONE, MARC	6 2 NAME	
STREET ADDRESS	22 LEE DR	6 3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL 32084	6 4 CITY - ST - ZIP	5/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: M F Cohen — 3/1/95 — 904-461-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M F COHEN

0022715