

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N17908 (7)
1. Corporation Name
FRIENDS OF JERUSALEM TEMPLE MOUNT, INC.



Principal Place of Business: 7223 SO. LEEWYNN DR SARASOTA FL 34240
Mailing Address: 7223 SO. LEEWYNN DR SARASOTA FL 34240

3. Date Incorporated or Qualified: 11/17/1986
3a. Date of Last Report: 03/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SPEN, MONROE P FINANCI | |
| STREET ADDRESS | 7223 SO. LEE WYNN DR. | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | YOUNG, HANOCH | |
| STREET ADDRESS | 61 EAST 8TH ST. #111 | |
| CITY - ST - ZIP | NEW YORK NY 10003 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GOLDBERG, PAUL | |
| STREET ADDRESS | 7970 GARDEN DRIVE N. | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | RODEHEFFER, MADELEINE S | |
| STREET ADDRESS | 7825 S.W. 55TH PL. | |
| CITY - ST - ZIP | GAINESVILLE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HERRON, WILLIAM D | |
| STREET ADDRESS | 5590 BEE RIDGE RD. #3 | |
| CITY - ST - ZIP | SARASOTA FL 34233 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 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 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 as an attachment with an address.

SIGNATURE: Monroe P. Spen **6-14-96** (941) 371-2609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Monroe Spen, Secretary 0014842

CR2E037 (3/96)