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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000875 (4)**

1. Corporation Name

TEMPLE BET YAM, INC.



Principal Place of Business	Mailing Address
2587 SR 3 ST. AUGUSTINE FL 32084 US	P.O. BOX 840052 ST. AUGUSTINE FL 32084-0052 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/18/1994	06/19/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	NOT APPLICABLE	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLADSTONE, CAROL 22 LEE DR ST AUGUSTINE FL 32084	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 *Carol Gladstone* PRESIDENT DATE *4/20/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, KAL	1.2 NAME	Greenfield, Phyllis
STREET ADDRESS	544 WOOD CHASE DR	1.3 STREET ADDRESS	101 Turtle Cove Court
CITY-ST-ZIP	ST AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	S. Ponte Vedra Beach, FL 32082
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, BETSY	2.2 NAME	Beskind, Robert
STREET ADDRESS	544 WOOD CHASE DR	2.3 STREET ADDRESS	416 Ocean Dr.
CITY-ST-ZIP	ST AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	COHEN, MARTIN	3.2 NAME	
STREET ADDRESS	850 A1A BEACH BLVD, #28	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	COHEN, ROCHELLE	4.2 NAME	
STREET ADDRESS	850 A1A BEACH BLVD., #28	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADSTONE, CAROL	5.2 NAME	Gladstone, Carol
STREET ADDRESS	22 LEE DR	5.3 STREET ADDRESS	22 Lee Dr.
CITY-ST-ZIP	ST AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADSTONE, MARC	6.2 NAME	Marc Gladstone
STREET ADDRESS	22 LEE DR	6.3 STREET ADDRESS	22 Lee Dr.
CITY-ST-ZIP	ST AUGUSTINE FL 32084	6.4 CITY-ST-ZIP	St. Augustine, FL 32084

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.

CR2E037 (9/96)