

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737037** (2)

1. Corporation Name

AMARA TEMPLE HOLDING CORPORATION, INC.

Principal Place of Business	Mailing Address
3650 R.C.A. BLVD. PO BOX 30335 PALM BEACH GARDENS FL 33410-2704	3650 R.C.A. BLVD. PO BOX 30335 PALM BEACH GARDENS FL 33410-2704

3. Date Incorporated or Qualified

10/14/1976

4. FEI Number

23-7431647

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAMM, BOB J  
2883 S.W. MONARCH TRAIL  
STUART FL 34997

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

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	VD	<input type="checkbox"/> DELETE
NAME	BACHELOR, DAVID	
STREET ADDRESS	9176 166TH WAY NORTH	
CITY-ST-ZIP	JUPITER FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, WALLY	
STREET ADDRESS	P.O. BOX 1341 N/A	
CITY-ST-ZIP	JENSEN BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	EVERETT, DONALD S	
STREET ADDRESS	166 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRITZ, RALPH S	
STREET ADDRESS	711 HUMMINGBIRD WAY 201	
CITY-ST-ZIP	N PALM BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED ORR
4.3 STREET ADDRESS	1709 MANGO CIRCLE
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33406

TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAMM, BOB J	
STREET ADDRESS	7430 SW HWY 441 2883 S.W. MONARCH TRAIL	
CITY-ST-ZIP	OKEECHOBEE FL STUART FL.	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGE THURLOW
5.3 STREET ADDRESS	6135 FRANCIS ST.
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MICHAEL SWITKIN
6.3 STREET ADDRESS	2712 YALE LANE
6.4 CITY-ST-ZIP	BOYNTON, BEACH, FL. 33467

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:

*BOB J STAMM* REQUIRED

*Jan 19 98*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)