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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N17908**
1. Corporation Name: **Friends of Jerusalem Temple Mount, Inc.**

Principal Place of Business: **SARASOTA, Florida**
Mailing Address: **46 N. Washington Blvd #27 SARASOTA, FL 34236**

3. Date Incorporated or Qualified: **11/17/86**
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
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
George Browning III
46 N. Washington Blvd #27
Sarasota, FL 34236

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

I, 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Pres Director	<input type="checkbox"/> DELETE
NAME	Madeleine S. Rodeheffer	
STREET ADDRESS	2625 S. OLS 10530 SE 250 PL # 5105	
CITY-ST-ZIP	Kent, WA 98031	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Stewart Rodeheffer	
STREET ADDRESS	10530 SE 250 PL # 5105	
CITY-ST-ZIP	Kent, WA 98031	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Wm Heron CPA Director	
STREET ADDRESS	5590 Bee Ridge Rd	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	VPres Director	<input type="checkbox"/> DELETE
NAME	Poul Goldberg	
STREET ADDRESS	7970 Garden Drive N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	Secretary Director	<input type="checkbox"/> DELETE
NAME	Samuel Barnum	
STREET ADDRESS	285 Ind Ave.	
CITY-ST-ZIP	Decatur, GA 30030	
TITLE	Executive Director	<input type="checkbox"/> DELETE
NAME	HANoch Young	
STREET ADDRESS	61 EAST 87 ST, NYC, South III	
CITY-ST-ZIP	New York, New York	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002545621
5.3 STREET ADDRESS	-06/03/98--01023--092
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten initials: CE 6/2

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: **Madeleine S. Rodeheffer** (President)

CR2E037 (10/97)