

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000875	
1. Entity Name TEMPLE BET YAM, INC.	
Principal Place of Business 2587 SR A1A SOUTH ST. AUGUSTINE, FL 32080 US	Mailing Address P.O. BOX 840052 ST. AUGUSTINE, FL 32080



DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COHEN, MARTIN F 850 A1A BEACH BLVD, #26 SAINT AUGUSTINE, FL 32080	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RECTOR, MARCIA 799 ALHAMBRA AVE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARR, PHILIP 81 VILLAGE DEL PRADO CIRCLE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUGLIELMO, JOAN 202 AUGUSTA CIRCLE SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, BARBARA 607 MULLIGAN WAY ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADSTONE, CAROL 913 WINDWARD WAY SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARX, JOSEPH 773 CAPTAINS DR SAINT AUGUSTINE, FL 32080

U00000804903
02/05/08-80086-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip G. Carr* **Philip G. Carr, Treas** 1-28-08 (904) 471-3075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #