

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **709261** (2)

1. Corporation Name
TEMPLE B'NAI DAROM, INC.

95 APR 28 PM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**49 BANYON COURSE
OCALA FL 32672** **49 BANYON COURSE
OCALA FL 32672**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1965** 3a. Date of Last Report **05/25/1994**

4. FEI Number **59-2070919** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BRESKY, BERNARD S
2048 SE 37TH COURT
OCALA FL 34471**

10. Name and Address of New Registered Agent

B1 Name **JACK BUTENSKY PRESIDENT**

B2 Street Address (P.O. Box Number is Not Acceptable) **611 SILVER PASS**

B3

B4 City **OCALA** FL B5 Zip Code **34472**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **JACK BUTENSKY** *Jack Butensky* **4/24/95**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRESKY, BERNARD S
STREET ADDRESS	2048 SE 37TH COURT
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	ADELMAN, SAM
STREET ADDRESS	470 LAKE ROAD
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	SACKS, MARVIN
STREET ADDRESS	551-B FAIRWAY CIRCLE
CITY - ST - ZIP	OCALA FL
TITLE	TD
NAME	JACKSON, ARNOLD G
STREET ADDRESS	5208 FAIRWAY CIRCLE
CITY - ST - ZIP	OCALA FL
TITLE	SD
NAME	OSWALD, LOU
STREET ADDRESS	4883 SE 40TH TERRACE
CITY - ST - ZIP	OCALA FL
TITLE	SD
NAME	RAW, NATALIE
STREET ADDRESS	1024 VENTURA DR
CITY - ST - ZIP	LADY LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	BUTENSKY, JACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	611 SILVER PASS		
1.4 CITY - ST - ZIP	OCALA FL 34472		
2.1 TITLE	VD	Change	Addition
2.2 NAME	ZACK HELMUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	7613 N.W. 181ST		
2.4 CITY - ST - ZIP	OCALA FL 34482		
3.1 TITLE	VD	Change	Addition
3.2 NAME	HAROLD DRILLINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	8367 S.W. 106th ST		
3.4 CITY - ST - ZIP	OCALA FL 34481		
4.1 TITLE	TD	Change	Addition
4.2 NAME	JACKSON ARNOLD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	8525 S.W. 65th COURT ROAD		
4.4 CITY - ST - ZIP	OCALA FL 34476		
5.1 TITLE	TD	Change	Addition
5.2 NAME	SILVERMAN, MICHELLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	300 LAKE WEIR AVE		
5.4 CITY - ST - ZIP	OCALA FL 34471		
6.1 TITLE	TD	Change	Addition
6.2 NAME	RAW NATALIE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	1024 VENTURA DR		
6.4 CITY - ST - ZIP	LADY LAKE FL		

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 on an attachment with an address.

SIGNATURE: *Jack Butensky* **JACK BUTENSKY** **4/6/95** **904-667-1930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License # (None)