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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 709261 (2)

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



Principal Place of Business Mailing Address  
49 BANYON COURSE Ocala FL 32672 49 BANYON COURSE Ocala FL 34472-8772

3. Date Incorporated or Qualified 07/06/1965 3a. Date of Last Report 01/31/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2070919	<input type="checkbox"/> Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	Country
30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTENSKY, JACK  
811 SILVER PASS  
OCALA FL 34472

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTENSKY, JACK	1.2 NAME	
STREET ADDRESS	611 SILVER PASS	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMUT, ZACK	2.2 NAME	
STREET ADDRESS	7813 NW 121ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRILLING, HAROLD	3.2 NAME	
STREET ADDRESS	8387 SW 106TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ARNOLD	4.2 NAME	TD EDIE SCHWARTZ
STREET ADDRESS	8525 SW 65TH CT RD	4.3 STREET ADDRESS	10947 S.W. 79 Ave
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala Fla 34476
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MICHELLE	5.2 NAME	T.D KIRSCHNER MURIEL
STREET ADDRESS	3001 LAKE WEIR AVE	5.3 STREET ADDRESS	23 PALM ROAD
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA FL 34472
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAW, NATALIE	6.2 NAME	
STREET ADDRESS	1024 VENTURA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Jack Butensky JACK BUTENSKY 1/7/97 352(687-1930)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065741

CR2E037 (9/96)