

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709261

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

FILED

FEB - 1 AM 9:45  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 49 BANYON COURSE, OCALA FL 32672  
Mailing Address: 49 BANYON COURSE, OCALA FL 32672



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/06/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2070919
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUTENSKY, JACK 611 SILVER PASS OCALA FL 34472	Arnold Jackson 81 Name ARNOLD G. JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 8525 SW 45 CT RD 83 84 City OCALA, FL FL 85 Zip Code 34476

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: *Arnold G. Jackson* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BUTENSKY, JACK	1.1 TITLE: PD	1.2 NAME: ARNOLD G JACKSON
STREET ADDRESS: 611 SILVER PASS	CITY-ST-ZIP: OCALA FL	13 STREET ADDRESS: 8525 SW 45 CT RD	14 CITY-ST-ZIP: OCALA, FL 34476
TITLE: VD	NAME: HELMUT, ZACK	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 7613 NW 121ST ST	CITY-ST-ZIP: OCALA FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VD	NAME: DRILLING, HAROLD	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 8367 SW 106TH ST	CITY-ST-ZIP: OCALA FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD	NAME: SCHWARTZ, EDIE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 10947 S.W. 79 AVE.	CITY-ST-ZIP: OCALA FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: TD	NAME: MURIEL, KIRSCHNER	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 23 PALM ROAD	CITY-ST-ZIP: OCALA FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: TD	NAME: RAW, NATALIE	6.1 TITLE:	6.2 NAME: ROCHELLE LEBOWITZ
STREET ADDRESS: 1024 VENTURA DR	CITY-ST-ZIP: LADY LAKE FL	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP: OCALA, FL 34471

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, with all other like empowered.

SIGNATURE: *Arnold G. Jackson* DATE: 1/26/99 DAYTIME PHONE #:

0070883

CR2E037 (11/98)