

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.

Principal Place of Business

49 BANYON COURSE
OCALA FL 32672

Mailing Address

49 BANYON COURSE
OCALA FL 32672

FILED

FEB - 1 AM 9:45
STATE
TALLAHASSEE, FLORIDA



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		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24	25	29	30	Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BUTENSKY, JACK
611 SILVER PASS
OCALA FL 34472

Arnold Jackson

10. Name and Address of New Registered Agent

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
	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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PO.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTENSKY, JACK		<i>ARNOLD G JACKSON</i>	1.2 NAME	ARNOLD G JACKSON		
STREET ADDRESS	611 SILVER PASS		<i>8525 SW 45 CT RD</i>	1.3 STREET ADDRESS	8525 SW 45 CT RD		
CITY-ST-ZIP	OCALA FL		<i>OCALA, FL 34472</i>	1.4 CITY-ST-ZIP	OCALA, FL 34476		
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	7613 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	8367 SW 106TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	TD TREASURY	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, EDIE			4.2 NAME			
STREET ADDRESS	10947 S.W. 79 AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURIEL, KIRSCHNER			5.2 NAME			
STREET ADDRESS	23 PALM ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAW, NATALIE			6.2 NAME	ROCHELLE LEBOWITZ		
STREET ADDRESS	1024 VENTURA DR			6.3 STREET ADDRESS	PO Box 11035		
CITY-ST-ZIP	LADY LAKE FL			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 #

007083

CR2E07 (11/98)