


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

2/2

02-24-2003 90966 037 ****61.25

DOCUMENT # 709261
1. Entity Name
TEMPLE B'NAI DAROM, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

00010000
4. FEI Number **59-2070919** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HELMUT, ZACK
8948 SW 116TH STREET RD
OCALA FL 34481

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HELMUT, ZACK	
STREET ADDRESS	8948 SW 116TH STREET RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD 1ST VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	OSWALD, JEANETTE	
STREET ADDRESS	4883 SE 40TH TERRACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JACOBS, ELAINE	
STREET ADDRESS	13289 SW 2ND CT	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, FLORENCE	
STREET ADDRESS	554 B BAHIA CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	TD CORRESPONDING SECRETARY	<input type="checkbox"/> Delete
NAME	ROTHBERG, SYLVIA	
STREET ADDRESS	548 B BAHIA CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Sperling	
STREET ADDRESS	562 A Midway Drive	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	SECRETARY RECORDING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Lange	
STREET ADDRESS	14180 S.E. 85th Ave	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Fleisher	
STREET ADDRESS	1219 Palmetto Dr	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 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: *Elaine Jacobs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03 352-245-7937
Date Daytime Phone #