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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 750602 (5)  
1. Corporation Name  
TEMPLE BETH OR, INC.

200001412992  
-02/23/95--01012--016  
\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
11715 S.W. 87TH AVE. P.O. BOX 180081  
P.O. BOX 180081 MIAMI FL 33116-0081  
MIAMI FL 33116-0081 MIAMI FL 33116-0081

3. Date Incorporated or Qualified 01/14/1980  
3a. Date of Last Report 02/03/1994  
4. FEI Number 59-2075317  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
SCHWARTZ, DOUGLAS  
9371 S.W. 53 STREET  
MIAMI FL 33165

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to 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 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 the provisions of Section 607.0505, Florida Statutes.  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Registered Agent Signature required when relevant.

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
FSD LOVELADY, LINDA 7600 SW 141 ST MIAMI FL  
PD SCHWARTZ, DOUGLAS 9371 SW 53RD ST MIAMI FL  
SD MAYERS, LINDA 14205 SW 103 COURT MIAMI FL  
D MINTZ, SANDY 8735 S.W. 116TH ST. MIAMI FL  
TD ELLIOTT, IRENE 19756 BEL AIRE DR. MIAMI FL  
VD LEVINE, HARRIET 9450 SW 112 ST. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME DOUGLAS SCHWARTZ  
2.3 STREET ADDRESS 9371 SW 53 ST  
2.4 CITY-ST-ZIP MIAMI FL  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME Sheila Gould  
4.3 STREET ADDRESS 7743 SW 102 Place  
4.4 CITY-ST-ZIP Miami, FL 33173  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME PD LEVINE HARRIET  
6.3 STREET ADDRESS 9450 SW 112 ST  
6.4 CITY-ST-ZIP MIAMI 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 contained 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 resolver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, if changed, or by an attachment to an address.

SIGNATURE: Irene Elliott 1/29/95 (205) 374-6545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone) (Telex)