FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 22 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C93000000011 (0)

1. Corporation Name
TEMPLE BETH EL

Principal Place of Business	Mailing Address
579 NORTH NOVA ROAD ORMOND BEACH FL 32174	579 NORTH NOVA ROAD ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1950
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6192854 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KATZ, B. PAUL
48 OLD KINGS ROAD NORTH
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: ROD A GOULD
82 Street Address (P.O. Box Number Is Not Acceptable): 51 SHADOW CREEK WAY
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

11. Pursuant to the 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 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 607.0505, Florida Statutes.

SIGNATURE: [signature] TREASURER 2/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	BLUM, RICHARD	12 NAME	
STREET ADDRESS	555 W. GRANADA BLVD F-7	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	ORFINGER, RICHARD	22 NAME	
STREET ADDRESS	125 E. ORANGE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	FRANK, ANDREA	32 NAME	
STREET ADDRESS	127 BUCKSKIN LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	SACKS, DAVID	42 NAME	
STREET ADDRESS	P.O. BOX 1752 NA	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☑ Change ☐ Addition
NAME	GOULD, ROD	52 NAME	GOULD, ROD
STREET ADDRESS	33 WINDING CREEK WAY	53 STREET ADDRESS	51 SHADOW CREEK WAY
CITY-ST-ZIP	ORMOND BEACH FL	54 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	KROUSE, JOHN	62 NAME	
STREET ADDRESS	150 JOHN ANDERSON DR	63 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH	64 CITY-ST-ZIP	

2/24

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)(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: [signature] ROSA GOULD 2/15/95 (904) 672-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004448