

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C93000000011 (0)

1. Corporation Name

TEMPLE BETH EL

Principal Place of Business

579 NORTH NOVA ROAD
ORMOND BEACH FL 32174

Mailing Address

579 NORTH NOVA ROAD
ORMOND BEACH FL 32174



3. Date Incorporated or Qualified

09/11/1950

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-6192854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

GOULD, RODD
51 SHADOW CREEK WAY
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE

Rodd Gould

RODD GOULD VICE PRESIDENT

3/6/96

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE
NAME BLUM, RICHARD
STREET ADDRESS 555 W. GRANADA BLVD F-7
CITY-ST-ZIP ORMOND BEACH FL

TITLE DP ☒ DELETE
NAME ORFINGER, RICHARD
STREET ADDRESS 125 E. ORANGE AVE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DV ☒ DELETE
NAME FRANK, ANDREA
STREET ADDRESS 127 BUCKSKIN LANE
CITY-ST-ZIP ORMOND BEACH FL

TITLE DV ☐ DELETE
NAME SACKS, DAVID
STREET ADDRESS P.O. BOX 1752 NA
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT ☐ DELETE
NAME GOULD, RODD
STREET ADDRESS 51 SHADOW CREEK WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DV ☐ DELETE
NAME KROUSE, JOHN
STREET ADDRESS 150 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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:

Rodd Gould

RODD GOULD

3/6/96 (904) 672-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)