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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

579 NORTH NOVA ROAD  
ORMOND BEACH FL 32174

579 NORTH NOVA ROAD  
ORMOND BEACH FL 32174-4445



3. Date Incorporated or Qualified  
09/11/1950

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME HARRIET KRAMER  
1.3 STREET ADDRESS 200 RIVER BLUFF DRIVE  
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

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

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME HOWARD KEMP  
2.3 STREET ADDRESS 20 FOXBORO CHASE  
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

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

3.1 TITLE SECRETARY ☐ Change ☒ Addition  
3.2 NAME MICHAEL ORFINGER  
3.3 STREET ADDRESS 877 QUAIL RUN  
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

1/15/97

904-672-2784

CR2E037 (9/96)