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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-6192854

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRAMER, HARRIET	
STREET ADDRESS	200 RIVERBLUFF DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SACKS, DAVID	
STREET ADDRESS	P.O. BOX 1782 NA 36 TWIN RIVER DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL ORMOND BEACH, FL 32174	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	GOULD, RODD	
STREET ADDRESS	51 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KROUSE, JOHN	
STREET ADDRESS	150 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEMP, HOWARD	
STREET ADDRESS	20 FOXFORDS CHASE	
CITY-ST-ZIP	ORMOND BCH FL 32174	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ORFINGER, MICHAEL	
STREET ADDRESS	677 QUAL RUN 124 ROYAL PALM AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL FURMAN	
1.3 STREET ADDRESS	21 TWIN RIVER DRIVE	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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]* DATE **1/7/98** (904) 677-2454

CP2E037 (10/97)