

DEPARTMENT  
FOR

FEE IS \$61.25

FILED

Feb 16, 1999 8:00am  
Secretary of State

02-16-1999 90059 042 \*\*\*\*\*61.25

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C93000000011

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1950	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6192854	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

GOULD, RODD  
51 SHADOW CREEK WAY  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, HARRIET	1.2 NAME	
STREET ADDRESS	200 RIVERBLUFF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, DAVID	2.2 NAME	
STREET ADDRESS	36 TWIN RIVER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, RODD	3.2 NAME	
STREET ADDRESS	51 SHADOW CREEK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, MICHAEL	4.2 NAME	
STREET ADDRESS	21 TWIN RIVER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, HOWARD	5.2 NAME	
STREET ADDRESS	20 FOXFORDS CHASE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORFINGER, MICHAEL	6.2 NAME	
STREET ADDRESS	124 ROYAL PALM AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

(904) 677-2484

Daytime Phone #

CR2E037 (1/98)