

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90157 018 ****61.25

0001479

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000000875

1. Corporation Name
TEMPLE BET YAM, INC.

Principal Place of Business
 2587 SR 3
 ST. AUGUSTINE FL 32084
 US

Mailing Address
 P.O. BOX 840052
 ST. AUGUSTINE FL 32084
 US



2. Principal Place of Business
 21 **2587 SR. A1A South**
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
02/18/1994

4. FEI Number
NOT APPLICABLE
 Applied For
 Applied For
 Not Applicable

23 **St. Augustine, FL**
 City & State

27
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **32084** 25 **USA**
 Zip Country

29 30
 Zip Country

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFIELD, PHYLLIS
101 TURTLECOVE CT
S PONTE VEDRA BCH FL 32082

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENFIELD, PHYLLIS	
STREET ADDRESS	101 TURTLECOVE CT.	
CITY-ST-ZIP	S. PONTE VEDRA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BESKIND, ROBERT	
STREET ADDRESS	416 OCEAN DR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, MARTIN	
STREET ADDRESS	850 A1A BEACH BLVD, #26	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ROCHELLE	
STREET ADDRESS	850 A1A BEACH BLVD., #26	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLADSTONE, CAROL	
STREET ADDRESS	22 LEE DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	GLADSTONE, MARC	
STREET ADDRESS	22 LEE DR	
CITY-ST-ZIP	ST AUGUSTINE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Marc Gladstone* **Marc S. Gladstone** **5/6/99** **904-471-4546**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)