


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000875**  
 1. Entity Name  
**TEMPLE BET YAM, INC.**



Principal Place of Business      Mailing Address  
**2587 SR A1A SOUTH**      **P.O. BOX 840052**  
**ST. AUGUSTINE, FL 32080 US**      **ST. AUGUSTINE, FL 32080**

**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent  
**COHEN, MARTIN F**  
**850 A1A BEACH BLVD, #26**  
**SAINT AUGUSTINE, FL 32080**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RECTOR, MARCIA 799 ALHAMBRA AVE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARR, PHILIP 81 VILLAGE DEL PRADO CIRCLE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUGLIELMO, JOAN 202 AUGUSTA CIRCLE SAINT AUGUSTINE, FL 32088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, BARBARA 607 MULLIGAN WAY ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADSTONE, CAROL 913 WINDWARD WAY SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARX, JOSEPH 773 CAPTAINS DR SAINT AUGUSTINE, FL 32080

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 02/05/08-80086-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Philip Carr* **Philip G. Carr, Treas** 1-28-08 (904) 471-3075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #