

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000875

FILED
Jan 23, 2009
Secretary of State

Entity Name: TEMPLE BET YAM, INC.

Current Principal Place of Business:

2587 SR A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

2055 WILDWOOD DRIVE
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

P.O. BOX 840052
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARTIN F
850 A1A BEACH BLVD, #26
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: RECTOR, MARCIA
Address: 799 ALHAMBRA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DT () Delete
Name: CARR, PHILIP
Address: 81 VILLAGE DEL PRADO CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DP () Delete
Name: GUGLIELMO, JOAN
Address: 202 AUGUSTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: STAFFORD, BARBARA
Address: 607 MULLIGAN WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: GLADSTONE, CAROL
Address: 913 WINDWARD WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DV () Delete
Name: MARX, JOSEPH
Address: 773 CAPTAINS DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN COHEN

RA

01/23/2009

Electronic Signature of Signing Officer or Director

Date