

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000875

**Entity Name:** TEMPLE BET YAM, INC.

**Current Principal Place of Business:**

2055 WILDWOOD DRIVE  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

P.O. BOX 860098  
ST. AUGUSTINE, FL 32086 US

**FEI Number: 59-3337269**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARX, JOSEPH L  
773 CAPTAINS DR.  
SAINT AUGUSTINE, FL 32080 US

*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

**Officer/Director Detail :**

Title DS  
Name RECTOR, MARCIA  
Address 799 ALHAMBRA AVE  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DT  
Name MARX, JOSEPH  
Address 773 CAPTAINS DR.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title D  
Name KEISER, PHYLLIS L  
Address 329 VALVERDE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D  
Name WALLACH, TERRE  
Address 204 CARMINE LANE  
City-State-Zip: ST. AUGUSTINE FL 32095

Title D  
Name ROGOVE, ARTHUR  
Address 1452 BARRINGTON CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title DP  
Name CARMAN, BARBARA  
Address 508 SALT WIND CT. E.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH MARX**

**TREASURER**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date