FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723822** **(3)**

1. Corporation Name

BETH SHALOM CONGREGATION, NC.

Principal Place of Business	Mailing Address
4072 SUNBEAM ROAD MANDARIN FL 32257	4072 SUNBEAM ROAD MANDARIN FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1972
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1404058 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ZISSER ESQ,BARRY L
1200 GULF LIFE DRIVE #630
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Drive #630
83
84 City: Jacksonville **FL** 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President PD	☒ Change ☐ Addition
NAME	LISSNER, DEANNA	12 NAME	Tony Penna	
STREET ADDRESS	3614 CATHEDRAL OAKS PL.N	13 STREET ADDRESS	2977 Mandarin Hollow Drive	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VD	21 TITLE	Vice President VD	☒ Change ☐ Addition
NAME	GOTTLIEB, MELVIN	22 NAME	Richard Browdy	
STREET ADDRESS	3028 FOREST CIRCLE	23 STREET ADDRESS	1909 S. Epping Forest Way	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	V	31 TITLE	Education Vice President VED	☒ Change ☐ Addition
NAME	KORN, PAM	32 NAME	Jill Tager	
STREET ADDRESS	3603 CATHEDRAL OAKS PLACE N.	33 STREET ADDRESS	2820 Beauclerc Road	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VTD	41 TITLE	Financial Vice President VTD	☒ Change ☐ Addition
NAME	PENNA, ANTHONY	42 NAME	Phil Paget	
STREET ADDRESS	2977 MANDARIN HOLLOW DRIVE	43 STREET ADDRESS	1826 Grassington Way N.	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	VC	51 TITLE	Ritual Vice President VC	☒ Change ☐ Addition
NAME	GORANSON, STEVE	52 NAME	Jeff Marks	
STREET ADDRESS	3023 CORNELIA DR	53 STREET ADDRESS	3771 Rubin Road	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32257	☐ Change ☐ Addition
TITLE		61 TITLE		
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ANTHONY O. PENNA 4/27/95 (904) 878-1755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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