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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **723822**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/05/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1404058 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZISSER, BARRY L ESQUIR
1 INDEPENDENT DR
STE 3306
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ 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	VD	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	GOTTLIEB, MELVIN		1.2 NAME	Marlene Myers	
STREET ADDRESS	3028 FOREST CIRCLE		1.3 STREET ADDRESS	2619 Tacito Trail	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	P	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	BROWDY, RICHARD		2.2 NAME	Charles Sussman	
STREET ADDRESS	1909 S. EPPING FOREST WAY		2.3 STREET ADDRESS	9572 Waterford Lane	
CITY-ST-ZIP	JACKSONVILLE FL 32217		2.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZAVON, DAVID		3.2 NAME		
STREET ADDRESS	12143 BLACKFOOT TR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	CANTOR, ANDREW		4.2 NAME	Richard Browdy	
STREET ADDRESS	9021 WARWICKSHIRE RD		4.3 STREET ADDRESS	1909 S. Epping Forest Way	
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DRIBEN, SANDRA		5.2 NAME		
STREET ADDRESS	1560 MANDARIN POINT LANE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Marlene Myers **REQUIRED** Marlene Myers 3/9/99 (904)262-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #