


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90029 026 ****61.25

DOCUMENT # 723822					
1. Entity Name BETH SHALOM CONGREGATION, NC.					
Principal Place of Business 4072 SUNBEAM ROAD JACKSONVILLE, FL 32257-8813			Mailing Address 4072 SUNBEAM ROAD JACKSONVILLE, FL 32257-8813		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZISSER, BARRY L ESQUIR 1 INDEPENDENT DR STE 3306 JACKSONVILLE, FL 32202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, CHARLES R			NAME	
STREET ADDRESS	9572 WATERFORD ROAD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOSSMAN, MADELYN			NAME	VP, D Ed mallow
STREET ADDRESS	1207 EUTAW PLACE			STREET ADDRESS	11643 magnolia Estates Rd
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISSNER, MICHAEL			NAME	DP Scharf, Bram
STREET ADDRESS	3614 CATHEDRAL OAKS PL N.			STREET ADDRESS	10230 Trevor Creek Dr E
CITY-ST-ZIP	JACKSONVILLE, FL 32217			CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D
NAME	SCHARF, MICHAEL			NAME	
STREET ADDRESS	6636 EPPING FOREST WAY NORTH			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217			CITY-ST-ZIP	
TITLE	VTD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNAIRE, ADRIENNE			NAME	VP, D Cantor, Andrew
STREET ADDRESS	8515 CANTON AVENUE			STREET ADDRESS	4455 Seabreeze Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP	Jacksonville Beach, Fl 32250
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	DP Wolpin, Carole
STREET ADDRESS				STREET ADDRESS	6711 Linford Lane
CITY-ST-ZIP				CITY-ST-ZIP	Jacksonville, FL 32217
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: <u>Charles R. Sussman</u> Date: <u>7/10/06</u> (904) 268-0404					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50022112



07032006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1404058 Applied For Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUSSMAN, CHARLES R	
STREET ADDRESS	9572 WATERFORD ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GLOSSMAN, MADELYN	
STREET ADDRESS	1207 EUTAW PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LISSNER, MICHAEL	
STREET ADDRESS	3614 CATHEDRAL OAKS PL N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHARF, MICHAEL	
STREET ADDRESS	6636 EPPING FOREST WAY NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CORNAIRE, ADRIENNE	
STREET ADDRESS	8515 CANTON AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed mallow	
STREET ADDRESS	11643 magnolia Estates Rd	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scharf, Bram	
STREET ADDRESS	10230 Trevor Creek Dr E	
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TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cantor, Andrew	
STREET ADDRESS	4455 Seabreeze Dr	
CITY-ST-ZIP	Jacksonville Beach, Fl 32250	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolpin, Carole	
STREET ADDRESS	6711 Linford Lane	
CITY-ST-ZIP	Jacksonville, FL 32217	

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SIGNATURE: Charles R. Sussman Date: 7/10/06 (904) 268-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #