


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90213 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731155					
1. Corporation Name TEMPLE BETH SHALOM AT PALM COAST, INC.					
Principal Place of Business 40 WELLINGTON DR P.O. BOX 320557 PALM COAST FL 32164 US			Mailing Address WELLINGTON DRIVE P.O. BOX 320557 PALM COAST FL 32135-7557		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/21/1974 4. FEI Number 59-2086073 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS RD., N. PALM COAST FL 32037				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			
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PALMER, MARGE			1.2 NAME	WEISS, Gladys		
STREET ADDRESS	31 LAKE FOREST PL			1.3 STREET ADDRESS	70 WEDGEWOOD LN		
CITY-ST-ZIP	PALM COAST FL 32137			1.4 CITY-ST-ZIP	PALM COAST FL 32164		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	FSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, GLADYS			2.2 NAME	MURRAY GOLDBERG		
STREET ADDRESS	70 WEDGEWOOD LN			2.3 STREET ADDRESS	7 WAYSIDE PI		
CITY-ST-ZIP	PALM COAST FL 32164			2.4 CITY-ST-ZIP	PALM COAST FL 32164		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, MURRAY			3.2 NAME	CRAIG NADLER		
STREET ADDRESS	7 WAYSIDE PL			3.3 STREET ADDRESS	14 BANNER LANE		
CITY-ST-ZIP	PALM COAST, FL 00000			3.4 CITY-ST-ZIP	PALM COAST FL 32137		
TITLE	RC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, FAYE			4.2 NAME	JOSEPH BARRON		
STREET ADDRESS	4 CASPER CT			4.3 STREET ADDRESS	30 COCONUT CT		
CITY-ST-ZIP	PALM COAST, FL 00000			4.4 CITY-ST-ZIP	PALM COAST FL 32137		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: JOSEPH BARRON SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99

904 446 9630

CR2E037 (11/98)