

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90020 022 \*\*\*\*70.00

**DOCUMENT # 731155**

1. Entity Name

TEMPLE BETH SHALOM AT PALM COAST, INC.



Principal Place of Business

PO BOX 350557  
PALM COAST FL 32164  
US

Mailing Address

WELLINGTON DRIVE  
P.O. BOX 320557  
PALM COAST FL 32135-0557

02004020



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2086073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D  
4 OLD KINGS RD., N.  
PALM COAST FL 32037

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

*Phyllis A. Meinsen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 PD  
NAME SCHULBERG, MARTIN ☐ Delete  
STREET ADDRESS 36 ESPERANTO DR  
CITY-ST-ZIP PALM COAST FL 32164

TITLE VD  
NAME ~~SORIA, CLAIRE~~ ☒ Delete  
STREET ADDRESS ~~14 WESTLAND PL~~  
CITY-ST-ZIP ~~PALM COAST FL 32174~~

TITLE TD  
NAME MEINSEN, PHYLLIS ☐ Delete  
STREET ADDRESS 32 FOXHALL LN  
CITY-ST-ZIP PALM COAST FL 32137

TITLE VD  
NAME TOLLIN, STEPHEN K ☐ Delete  
STREET ADDRESS 34 PALMYRA LN.  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME VIVIAN FEINBERG  
STREET ADDRESS 41 COTTONWOOD CT.  
CITY-ST-ZIP PALM COAST, FL. 32137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Phyllis A. Meinsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

386-445-3006

Daytime Phone #