


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 Mailing Address
PO BOX 350557 WELLINGTON DRIVE
PALM COAST FL 32164 P.O. BOX 320557
US PALM COAST FL 32135-0557

02004020



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2086073** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHIUMENTO, MICHAEL D
4 OLD KINGS RD., N.
PALM COAST FL 32037

7. Name and Address of New Registered Agent
 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]* *2/2/04*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME	PD SCHULBERG, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	36 ESPERANTO DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE NAME	VD SORIA, CLAIRE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14 WESTLAND PL	
CITY-ST-ZIP	PALM COAST FL 32174	
TITLE NAME	TD MEINSEN, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS	32 FOXHALL LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE NAME	VD TOLLIN, STEPHEN K	<input type="checkbox"/> Delete
STREET ADDRESS	34 PALMYRA LN.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD VIVIAN FGINBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	41 COTTONWOOD CT.	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* *2/2/04* *386-445-3006*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #