FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:06

DOCUMENT # 708242 (3)

1. Corporation Name
TEMPLE BETH SHOLOM, INC.

Principal Place of Business	Mailing Address
104 N.E. 3RD ST SATELLITE BEACH FL 32903 US	5995 N. WICKHAM RD P O BOX 410760 MELBOURNE FL 32941-760 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0993975 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 5995 N. WICKHAM RD	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MELBOURNE, FL	City & State 28
Zip / Country 24 32940 / 25 BREVARD	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAHN, MICHAEL H ESQUIRE 482 N. HARBOR CITY BLVD. MELBOURNE FL 32935	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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P. ☐ Change ☐ Addition
NAME	GARBER, MEYER	12 NAME	MANDEL, ROBERT
STREET ADDRESS	563 PEREGRINE DR	13 STREET ADDRESS	2720 N. RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, MARCH D	22 NAME	
STREET ADDRESS	609 ATLANTIC AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	24 CITY-ST-ZIP	32951
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SEMINER, DIANA	32 NAME	
STREET ADDRESS	2160 S. RIVER RD	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	34 CITY-ST-ZIP	32951
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GREEN, CHUCK	42 NAME	
STREET ADDRESS	1720 CANTABURY DR	43 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	44 CITY-ST-ZIP	32903
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DELIGDISH, CRAIG	52 NAME	
STREET ADDRESS	405 RIO LANE	53 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	54 CITY-ST-ZIP	32903
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	DUBIN, SANDY	62 NAME	
STREET ADDRESS	232 SEA BREEZE DR	63 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	64 CITY-ST-ZIP	32903

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sandy Dubin SANDY DUBIN 4/27/95 (407) 254-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034230