

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **708242**

(3)

1. Corporation Name

TEMPLE BETH SHOLOM, INC.



Principal Place of Business

Mailing Address

5995 N WICKHAM RD
MELBOURNE FL 32940
US

5995 N. WICKHAM RD
P O BOX 410760
MELBOURNE FL 32941-760
US

3. Date Incorporated or Qualified

12/15/1964

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

300001818003
-05/13/96--01023--029

84 City

*****61.25**

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **MANDEL, ROBERT**
STREET ADDRESS **2720 N RIVERSIDE DR**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **VP** ☐ DELETE

NAME **SHAPIRO, MARCH D**
STREET ADDRESS **609 ATLANTIC AVE**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **T** ☐ DELETE

NAME **SEMINER, DIANA**
STREET ADDRESS **2160 S. RIVER RD**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE **D** ☐ DELETE

NAME **GREEN, CHUCK**
STREET ADDRESS **1720 CANTABURY DR**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE

NAME **DELIGDISH, CRAIG**
STREET ADDRESS **405 RIO LANE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **S** ☐ DELETE

NAME **DUBIN, SANDY**
STREET ADDRESS **232 SEA BREEZE DR**
CITY-ST-ZIP **INDIALANTIC FL**

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Singer, Elise**

1.3 STREET ADDRESS **162 Windward Way**
1.4 CITY-ST-ZIP **Indian Harbor Beach, FL 32937**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **Secretary** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Ilene Herr**

4.3 STREET ADDRESS **417 Nikomis Way**
4.4 CITY-ST-ZIP **Melbourne Beach, FL 32951**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **Treasurer** ☒ Change ☐ Addition

6.2 NAME **Rosenberg, Alan M.**

6.3 STREET ADDRESS **4172 Sprarrow Hawk Rd.**
6.4 CITY-ST-ZIP **Melbourne, FL 32935**

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)(k), 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:

Alan M. Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/18/96

Date

407-752-9600

Daytime Phone #

CR2E037 (12/95)