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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32941-0760 US

3. Date Incorporated or Qualified: **12/15/1964**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-0993975** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

KAHN, MICHAEL H ESQUIRE
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, ELISE		1.2 NAME		
STREET ADDRESS	162 WINDWARD WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, MARCH D		2.2 NAME		
STREET ADDRESS	609 ATLANTIC AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEMINER, DIANA		3.2 NAME		
STREET ADDRESS	2160 S. RIVER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERR, ILENE		4.2 NAME		
STREET ADDRESS	417 NIKOMAS WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL 32951		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELIGDISH, CRAIG		5.2 NAME		
STREET ADDRESS	815 SANDERLING DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	ROSENBERG, ALAN M		6.2 NAME	JUDITH SCHRADER	
STREET ADDRESS	4172 SPARROW HAWK RD.		6.3 STREET ADDRESS	182 PEREGRINE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935		6.4 CITY-ST-ZIP	INDIALANTIC FL 32903	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Michael H Kahn, MD 4/16/97 773-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0010696