

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90021 010 ****61.25

DOCUMENT # 708242

1. Entity Name
TEMPLE BETH SHOLOM, INC.



Principal Place of Business
**5995 N WICKHAM RD
MELBOURNE, FL 32940 US**

Mailing Address
**5995 N WICKHAM RD
MELBOURNE, FL 32940 US**

94017141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0993975

Applied For
Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROSENBERG, ALAN
STREET ADDRESS 4172 SPARROW HAWK RD
CITY-ST-ZIP MELBOURNE, FL 32934 ☐ Delete

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

TITLE VPD
NAME HERR, ILENE
STREET ADDRESS 400 LIGHTHOUSE LANDING
CITY-ST-ZIP SATELLITE BEACH, FL 32937 ☐ Delete

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

TITLE VP
NAME DELIGDISH, CRAIG
STREET ADDRESS 815 SANDERLING DR.
CITY-ST-ZIP INDIALANTIC, FL 32903 ☐ Delete

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

TITLE D
NAME HERSTEIN, JAMES
STREET ADDRESS 925 N HWY A1A #404
CITY-ST-ZIP INDIALANTIC, FL 32903 ☐ Delete

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

TITLE T
NAME SPELLMAN, MARC
STREET ADDRESS 675 BIMINI RD.
CITY-ST-ZIP SATELLITE BEACH, FL 32937 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

ILENE S HERR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

(321) 254-6333
Daytime Phone #