2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State
02-21-2005 90074 006 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 708242

1. Entity Name
TEMPLE BETH SHOLOM, INC.

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

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 59-0993975 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 - Due by May 1, 2005

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	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	ROSENBERG, ALAN		NAME	GARY SACK	
STREET ADDRESS	4172 SPARROW HAWK RD		STREET ADDRESS	2204 REDWOOD AVE	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	VPD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HERR, ILENE		NAME		
STREET ADDRESS	400 LIGHTHOUSE LANDING		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	DELIGDISH, CRAIG		NAME		
STREET ADDRESS	815 SANDERLING DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HEPSTEIN, JAMES		NAME		
STREET ADDRESS	925 N HWY A1A #404		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	V.P.	☒ Change ☐ Addition
NAME	SPELLMAN, MARC		NAME		
STREET ADDRESS	675 BIMINI RD.		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gary B Sack GARY B. SACK 3-15-05 321-254-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #