2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 708242

Entity Name: TEMPLE BETH SHOLOM, INC.

Current Principal Place of Business:

5995 N WICKHAM RD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

5995 N WICKHAM RD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-0993975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SACK, GARY
Address: 2225 PINEMEADOW AVENUE
City-St-Zip: MELBOURNE, FL 32904

Title: VP ( ) Delete
Name: DELIGDISH, CRAIG
Address: 815 SANDERLING DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete
Name: SPELLMAN, MARC
Address: 675 BIMINI RD.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete
Name: KAHN, MICHAEL
Address: 482 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DANIEL, SHARI
Address: 5037 BELLFLOWER CT
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI DANIEL T 03/29/2009

Electronic Signature of Signing Officer or Director — Date