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 # 709203 (4)

1. Corporation Name

TEMPLE BETH SHOLOM AND JEWISH CENTER, INC.

Principal Place of Business	Mailing Address
1050 SOUTH TUTTLE AVENUE SARASOTA FL 34237	1050 SOUTH TUTTLE AVENUE SARASOTA FL 34237

3. Date Incorporated or Qualified: 06/25/1965

3a. Date of Last Report: 01/30/1995

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: 23-7156328 ☐ 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

- MANDEL, JONI
1050 S TUTTLE AVE
SARASOTA FL 34237

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: Joni L. Mandel — DATE: 2-13-96

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SONNENFELD, MARTY 4536 ATWOD CAY CIRCLE SARASOTA FL 34233	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT NEIL MALAMUD 1301 VISTA DR SARASOTA FL 34239	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LEVY, SUSAN 3778 BENEVA OAKS BLVD SARASOTA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER MARVIN OSTREFF 4012 WILSHIRE CIR E SARASOTA FL 34238	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WIESNER, DONNA 4605 TRAILS DRIVE SARASOTA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President Sheri Kunis 8456-2 Gardens Circle Sarasota, FL 34243	☐ Change ☒ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEVIT, EARL 5891 LAKESIDE WOODS CIR SARASOTA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Dr. Randall Brodsky 3662 Countryplace Blvd. Sarasota, FL 34233	☐ Change ☒ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHERR, LINDA 614 OWL WAY SARASOTA FL 34236	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000001769710 04/04/96--01086--020 ***70.00 M.M. 4-4-96	☐ Change ☐ Addition

CR2E037 (12/95)

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: [signature] — 2-12-96 (Date) — 941-922-7047 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR