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Jan 27 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 # **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 34237-8106

3. Date Incorporated or Qualified: **06/25/1965**
3a. Date of Last Report: **04/04/1996**

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: **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 1/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SONNENFELD, MARTY		1.2 NAME	
STREET ADDRESS	4536 ATWOD CAY CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OSTROFF, MARVIN		2.2 NAME	
STREET ADDRESS	4012 WILSHIRE CIRCLE E.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-ST-ZIP	
TITLE	VP/T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUNIS, SHERI		3.2 NAME	
STREET ADDRESS	8456-2 GARDENS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRADSKY, RANDALL DR.		4.2 NAME	
STREET ADDRESS	3662 COUNTRYPLACE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MALAMUD, NEIL		5.2 NAME	
STREET ADDRESS	1301 VISTA DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Martin Sonnenfeld OLMARTIN SONNENFELD 1-16-97 941-955-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0083323