FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

711527

(2)

TEMPLE SHALOM, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					C CORNIL FRANCISCO STATE TO STATE TO STATE BEGIN
4630 PINE RIDGE RD EXT NAPLES FL 34119-4063 US		4630 PINE RIDGE RD EXT NAPLES FL 33999			Date Incorporated or Qualified 09/23/1966
**					4. FEI Number Applied For
A 53-3-151	. Tup :				59-2546855 Not Applicable
21	ace of Business	2e. Mailing Address 26			5. Certificate of Status Desired Section Secti
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 - City & State	2	City & State			Trust Fund Contribution Added to Fees
23 State	•	28			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Cour	itry	8. This corporation owes or has pald the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered Agent
	-].	B1 Na	Name
STARMA	in, s heldon		<u> </u>	82 Str	Street Address (P.O. Box Number is Not Acceptable)
4099 TAMIAMI TRAIL, NORTH			L		,
NAPLES	FL 34103			B3	
			-	34 Cit	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITI	.E	PD
NAME	SOLOMON, ALLEN H .		1.2 NA	ME	Henry Greenberg
STREET ADDRESS	¶91 ALBI ROAD #3		1.3 STF	eet addre	DRESS 4301 Gulf Shore Blvd. N. #503
CITY-ST-ZIP	NAPLES FL		1.4 CIT	-ST-ZIP	Naples, FL 34103
TITLE	VO	☐ DELETE	2.1 TITE	Æ	VD Change Addition
NAME	GREENBERG, HENRY		: 2.2 NA	Æ	Corinne Mansfield
STREET ADDRESS	4301 GULF SHORE BLVD N #	503		EET ADORE	
CITY-ST-ZIP	NAPLES FL	T an eve		Y-ST-ZIP	
TITLE		☐ DELETE	3.1 TITU		TD Change Addition
NAME	SHEVIN, KENNETH I.		3.2 NA		Eugene Greener, Jr.
STREET ADDRESS	2016 MISSION DRIVE			EET ADDA	DRESS 4021 Gulf Shore Blvd. N. #1602
CITY-ST-ZIP	NAPLES FL	☐ DELETE		Y-ST-ZIP	Naples Ft. 34103
TITLE			4.1 TITL		Change L. Addition
NAME			4. 2 NA		7000
STREET ADORESS			- 6	EET ADDRE	
CITY-ST-ZIP		☐ DELETE	_	(-ST-ZIP	Change Addition
TITLE			5.1 TITU		La Grange La Addition
NAME CYPCET ADORECC			5.2 NA		DECC
STREET ADDRESS				EET ADDRE	i I
CITY-ST-ZIP TITLE	. —	DELETE	5.4 CIT	(-ST-ZIP	Change Addition
NAME			6.2 NAM		Ent Strange Lad Roution
STREET ADDRESS					Notes:
1 !				eet addre	[
CITY-ST-ZIP			■ 6.4 UII'	- ST - ZIP	ur į

14. 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 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 changes—or on an attachment with an address.

IONATURE (Vanis Mandrig II)

1/28-90

RE037 (10/97)