

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 # **712993** (5)

1. Corporation Name
CONGREGATION BETH SHOLOM, INC.



Principal Place of Business: 1844 - 54 ST. SOUTH, GULFPORT FL 33707-1250
Mailing Address: 1844 - 54 ST. SOUTH, GULFPORT FL 33707-1250

3. Date Incorporated or Qualified: 06/26/1967
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1206467	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBITSHEK, HERMAN J. 6020 SHORE BV S 1001 GULFPORT FL 33707-2838	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FSD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBITSHEK, HERMAN	12 NAME	
STREET ADDRESS	6020 SHORE BLVD S	13 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FL 00000	14 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MARK	22 NAME	
STREET ADDRESS	7834 10TH AVE. SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, LOUIS	32 NAME	
STREET ADDRESS	7330 VENDOME BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIENHOFF, JENNIE C.	42 NAME	
STREET ADDRESS	8445 68 WAY NO.	43 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	44 CITY-ST-ZIP	
TITLE	CSD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ALFRED	52 NAME	
STREET ADDRESS	1810 FOLLOW THRU RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, MAX	62 NAME	
STREET ADDRESS	5940 30th Ave.	63 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FLA. 33707	64 CITY-ST-ZIP	

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: *Jennie C. Marienhoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jennie C. Marienhoff
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)