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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712993** (5)

1. Corporation Name

**CONGREGATION BETH SHOLOM, INC.**

Principal Place of Business

Mailing Address

**1844 - 54 ST. SOUTH  
GULFPORT FL 33707-1250**

**1844 - 54 ST. SOUTH  
GULFPORT FL 33707-1250**



3. Date Incorporated or Qualified

**06/26/1967**

4. FEI Number

**59-1206467**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBITSHEK, HERMAN J.  
8020 SHORE BLVD S 1001  
GULFPORT FL 33707-2838**

**5838**

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.

**Herman Robitshek**

**3-10-1998**

SIGNATURE

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 ☐ DELETE

NAME **ROBITSHEK, HERMAN**  
STREET ADDRESS **8020 SHORE BLVD S**  
CITY - ST - ZIP **GULFPORT, FL 00000**

TITLE ☐ DELETE

NAME **ST PRES. BRODSKY, LOUIS**  
STREET ADDRESS **8330 VENDOME BLVD**  
CITY - ST - ZIP **PINELLAS PARK FL 33781**

TITLE ☐ DELETE

NAME **TT MARIENHOFF, JENNE C.**  
STREET ADDRESS **8445 68 WAY NO.**  
CITY - ST - ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME **CSDT LEVINE, ALFRED**  
STREET ADDRESS **1810 FOLLOW THRU RD.**  
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE

NAME **PT ROTH, MAX**  
STREET ADDRESS **5940 30TH AVE**  
CITY - ST - ZIP **GULFPORT FL 33707**

TITLE ☐ DELETE

NAME **Wolfson, Dr. Barnard**  
STREET ADDRESS **8006 W. GULF Blvd**  
CITY - ST - ZIP **Treasure Island 33706, FL.**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

*Herman Robitshek* 3/10/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E037 (10/97)