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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712993

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

9. Name and Address of Current Registered Agent

ROBITSHEK, HERMAN J.
6020 SHORE BV S 1001
GULFPORT FL 33707-2838

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

Kenneth R. Silverman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-99

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **FSDT**
ROBITSHEK, HERMAN
 STREET ADDRESS **6020 SHORE BLVD S**
 CITY-ST-ZIP **GULFPORT, FL 00000**

TITLE DELETE

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

TITLE DELETE

NAME **TT**
MARIENHOFF, JENNIE 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 **VP**
WOLFSON, BERNARD D
 STREET ADDRESS **8006 W GULF BLVD**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

NAME **EINSTEIN, SAM**
 STREET ADDRESS **6348 41 AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

3.1 TITLE Change Addition

NAME **TT**
SILVERMAN, KENNETH R.
 STREET ADDRESS **5530 80 ST. N., D-203**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

4.1 TITLE Change Addition

NAME **CSDT**
GAFTMAN, JEROME
 STREET ADDRESS **4902 38 WAY S., #307**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE:

Kenneth R. Silverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99 (727) 545-4744

Date

Daytime Phone #

CR2E037 (1/198)