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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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*

DATE

2-14-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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

TITLE TT ☒ DELETE  
NAME MARIENHOFF, JENNIE C.  
STREET ADDRESS 8445 68 WAY NO.  
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE VP ☐ DELETE  
NAME 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  
2.2 NAME EINSTEIN, SAM  
2.3 STREET ADDRESS 6348 41 AVE. N.  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SILVERMAN, KENNETH R.  
3.3 STREET ADDRESS 5530 80 ST. N., D-203  
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME GFTMAN, JEROME  
4.3 STREET ADDRESS 4902 38 WAY S., #307  
4.4 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 (1/98)