


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90189 031 ****61.25

DOCUMENT # 712993
 1. Entity Name
CONGREGATION BETH SHOLOM, INC.



Principal Place of Business
 1844 - 54 ST. SOUTH
 GULFPORT, FL 33707-~~1250~~
 -4250

Mailing Address
 1844 - 54 ST. SOUTH
 GULFPORT, FL 33707-~~1250~~ 4250

40068199



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1206467

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERSH, HELEN
 7473 40TH TERRACE NORTH
 ST PETERSBURG, FL 33709

7. Name and Address of New Registered Agent
 Name
ROSEN, ARTHUR
 Street Address (P.O. Box Number is Not Acceptable)
 7089 Hibiscus Avenue
 City
 St. Petersburg FL Zip Code
 33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Arthur Rosen*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSH, HELEN		NAME		
STREET ADDRESS	7473 40TH TERR N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIDER, IRVING		NAME	ROSEN, ARTHUR	
STREET ADDRESS	6060 SHORE BLVD S. #202		STREET ADDRESS	7089 Hibiscus Avenue	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETY, IRENE		NAME	LUNIN, PAULINE	
STREET ADDRESS	1847 SHORE DR. SOUTH #818		STREET ADDRESS	4019 29th Avenue North	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LILI		NAME	ROBINSON, LILI	
STREET ADDRESS	6020 SHORE BLVD S. #1012		STREET ADDRESS	6020 Shore Blvd. South, #1012	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, HERSH		NAME		
STREET ADDRESS	6822 22ND AVE. N. #277 (MAILBOX)		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PAUL		NAME		
STREET ADDRESS	2806 SEABREEZE DR. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: *Arthur Rosen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #