

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712993

FILED
Apr 24, 2009
Secretary of State

Entity Name: CONGREGATION BETH SHOLOM, INC.

Current Principal Place of Business:

1844 - 54 ST. SOUTH
GULFPORT, FL 337071250

New Principal Place of Business:

Current Mailing Address:

1844 - 54 ST. SOUTH
GULFPORT, FL 337071250

New Mailing Address:

FEI Number: 59-1206467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, ARTHUR
7089 HIBISCUS AVE
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

ROSEN, ARTHUR
301 71ST STREET SOUTH
SAINT PETERSBURG, FL 33707 US

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.

SIGNATURE: A. MATTHEW ROSEN

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEN, ARTHUR
Address: 7089HIBISCUS AVE
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: ZEIDER, IRVING
Address: 6060 SHORE BLVD S. #202
City-St-Zip: GULFPORT, FL 33707

Title: T () Delete
Name: ROBINSON, LILI
Address: 6020 SHORE BLVD S. #1012
City-St-Zip: GULFPORT, FL 33707

Title: S () Delete
Name: LUNIN, PAULINE
Address: 4019 29TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: COHEN, PAUL
Address: 2806 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSEN, ARTHUR
Address: 301 71ST STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: COHEN, PAUL
Address: 2806 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. MATTHEW ROSEN

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date