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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720390 (4)

1. Corporation Name

TEMPLE SHALOM OF DELTONA, INC.

Principal Place of Business	Mailing Address
1785 ELKCAM BLVD ~~P.O. BOX 6100~~ DELTONA FL 32725-3920	1785 ELKCAM BLVD ~~P.O. BOX 3100~~ DELTONA FL 32725-3920

3. Date Incorporated or Qualified: 03/02/1971
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business
21 1785 Elkcam Blvd
Suite, Apt. #, etc. 22
City & State 23 Deltona FL
Zip 24 32725 Country 25 Volusia

2a. Mailing Address
26 1785 Elkcam Blvd
Suite, Apt. #, etc. 27
City & State 28 Deltona FL
Zip 29 32725 Country 30 Volusia

4. FEI Number: 23-7185126 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HECHTMAN, DAVID
481 CHAMPLAIN DRIVE
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: Marvin Schwartzman
82 Street Address (P.O. Box Number is Not Acceptable): 2492 Weatherford Dr.
83
84 City: Deltona FL 85 Zip Code: 32738

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: Marvin Schwartzman 4/10/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HECHTMAN, DAVID 481 CHAMPLAIN DRIVE DELTONA, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Schwartzman, Marvin 2492 Weatherford Dr. Deltona, FL - 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD ROSEN, SHIRLEY 1202 ALGOMA STREET DELTONA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHERR, I.J. 937 VTICA ST. DELTONA, FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V PILOF, HELENE 2985 BOND ST DELTONA, FL 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BEYER, WILLIAM 2042 ALAMEDA DR. DELTONA FL 32725	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TR ROTHBART, JANET 1884 KINGWAY DR. DELTONA, FL 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Janet Rothbart 4/10/96 407 574 2285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Janet Rothbart