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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 DELTONA FL 32725 US	1785 ELKCAM BLVD DELTONA FL 32725-3920 US

3. Date Incorporated or Qualified: 03/02/1971
3a. Date of Last Report: 05/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

SCHWARTZMAN, MARVIN
2492 WEATHERFORD DR.
DELTONA FL 32738

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: Marvin Schwartzman 5/1/97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZMAN, MARVIN		1.2 NAME		
STREET ADDRESS	2492 WEATHERFORD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000 32738		1.4 CITY-ST-ZIP		
TITLE	FSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, SHIRLEY		2.2 NAME		
STREET ADDRESS	1202 ALGOMA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PILOF, HELENE		3.2 NAME		
STREET ADDRESS	2985 BOND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000 32738		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROTHBART, JANET		4.2 NAME		
STREET ADDRESS	1884 KINGWAY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Marvin Schwartzman PRESIDENT 5/1/97 904 789-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013587