FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

723822

(3)

BETH SHALOM CONGREGATION, NC.

FILED						
Mar 27 1997 8:00am						
Secretary of State						

Principal Place of Business Mailing Address 4072 SUNBEAM ROAD MANDARIN FL 32257 MANDARIN FL 32257-8813						
				3. Date Incorporated or Qualified 07/05/1972	3a. Date of Last Report 03/20/1996	
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-1404058	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	5. Certificate of Status Desired See Required Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country		Country	8. This corporation has liability for i		
24	25	29	30		Yes X No	
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
			81 Name			
ZISSER	ESQ,BARRY L		82 Street	Address (P.O. Box Number is Not Acceptable dependent Drive Suite	ole)	
1200 RIVERPLACE DRIVE #630				dependent Drive Suite	3306	
JACKS	ONVILLE FL 32207	7 m 1 m 2 m 2 m	83	er lager in the Lagran		
5			84 City		85 Zip Code	
44 0	to the new delegand Sections 617.05	02 and 617 1509 Florida Statut	on the above pamed	corporation submits this statement for the p	FL 32202	
office or	registered arout, or both, in the Stat	e of Florida. Such change was a	authorized by the corr	corporation's sound of directors. I hereby accep	of the appointment as registered	
l agent. I I	am familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statutes			
SIGNATURE	Signature, types or printed harne of registered as	ovint and fitte if applicable (NOT	E: Registered Agent signature	required when reinstaling)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TILE	P	DELETE	1.1 TITLE	P	X Change	
NAMÉ	PENNA, TONY		1.2 NAME	Richard Browdy	'	
STREET ADDRESS	THEET ADDRESS 2977-MANDARIN HOLLOW DRIVE.			1909 S Epping Forest Way		
CITY - S1 - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	Jacksonville, FL 3221		
THILE	VD .	L "^r!ETE	2.1 TITLE	VD	Change Addition	
NAME	BROWDY, RICHARD	*	2.2 NAME	Melvin Gottlieb		
STREET ADDRESS		A¥-	2.3 STREET ADDRESS	3028 Forest Circle		
CITY - ST - ZIP	JACKSONVILLE FL-	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Jacksonville, FL 3225	Change Addition	
TITLE	VED TAGER, JILL	E Officia	3.1 MILE 3.2 NAME		Onlange Addition	
NAME CTOLET ADDRECS	**** BELLIOLEDO BOLD		3.3 STREET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL		3.4. CITY-ST-ZIP			
111LE	VTD	DELETE	41 TITLE	VTD	Change Addition	
NAME	PAGET, PHIL		4 2 NAME	Andrew Cantor	-	
STREET ADORES:	ANAL ONLOGISTASI ISLAM A	 ,-	4.3 STREET ADDRESS	9021 Warwickshire Road		
CITY - \$1 - 7/P	JACKSONVILLE FL		4.4 CHY-ST-ZIP	Jacksonville, FL 3225	7	
TITLE	VC	☐ DELETE	51 TITLE		Change Addition	
NAME	MARKS, JEFF		5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	Į.		
CITY-ST-ZIF	JACKSONVILLE FL	DOLFTE	5 4 CITY-ST-ZIP		Chance Addition	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME Disease Laboration			6.2 NAME			
STREET ADDRESS	5		6 3 STREET ADDRESS			
14. I do hei	. I reby certify that the information suppli	ed with this filing does not quali	64 City-ST-ZiP ify for the exemption s	I stated in Section 119.07(3)(i), Florida Statute	es. I further certify that the	
informa Lam an appear	tion indicated on this annual report or officer or director of the co-poration is in Block 12 or Block 13 y changed,	supplemental annual report is to or the receiver of fuster empoy or on an attackment with an ad-	true and accurate and vered to execute this dress	d that my signature shall have the same lega report as required by Chapter 617, Florida S	al effect as if made under oath; that Statutes; and that my name	

3/4/97

904-296-9441