


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **723822** (3)

1. Corporation Name

BETH SHALOM CONGREGATION, NC.



Principal Place of Business 4072 SUNBEAM ROAD MANDARIN FL 32257	Mailing Address 4072 SUNBEAM ROAD MANDARIN FL 32257
---	---

3. Date Incorporated or Qualified 07/05/1972
4. FEI Number 59-1404058
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ZISSER, BARRY L ESQUIR 1 INDEPENDENT DR STE 3308 JACKSONVILLE FL 32202
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PENNA, TONY
STREET ADDRESS	2977 MANDARIN HOLLOW DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BROWDY, RICHARD
STREET ADDRESS	1909 S. EPPING FOREST WAY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VED <input type="checkbox"/> DELETE
NAME	TAGER, JILL
STREET ADDRESS	2820 BEAULIERC ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	PAGET, PHIL
STREET ADDRESS	1826 GRASSINGTON WAY N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VC <input type="checkbox"/> DELETE
NAME	MARKS, JEFF
STREET ADDRESS	3771 RUBIN ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Browdy, Richard
1.3 STREET ADDRESS	1909 S. Epping Forest Way
1.4 CITY-ST-ZIP	Jacksonville, FL 32217
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gottlieb, Melvin
2.3 STREET ADDRESS	3028 Forest Circle
2.4 CITY-ST-ZIP	Jacksonville, FL 32257
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Zavon, David
3.3 STREET ADDRESS	12143 Blackfoot Trail
3.4 CITY-ST-ZIP	Jacksonville, FL 32223
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cantor, Andrew
4.3 STREET ADDRESS	9021 Warwickshire Road
4.4 CITY-ST-ZIP	Jacksonville, FL 32257
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Driben, Sandra
5.3 STREET ADDRESS	1560 Mandarin Point Lane S.
5.4 CITY-ST-ZIP	Jacksonville, FL 32223
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Richard S. Browdy* Richard S. Browdy 2/27/98 (904) 720-5185

CR2E037 (1097)