

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 723822

1. Entity Name
BETH SHALOM CONGREGATION, NC.



Principal Place of Business
**4072 SUNBEAM ROAD
JACKSONVILLE, FL 32257-8813**

Mailing Address
**4072 SUNBEAM ROAD
JACKSONVILLE, FL 32257-8813**



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1404058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZISSER, BARRY L ESQUIR
1 INDEPENDENT DR
STE 3306
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSSMAN, CHARLES R 9572 WATERFORD ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MALLOW, ED 11643 MAGNOLIA ESTATES RD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCHARF, BRAM 10220 TREVOR CREEK DR EAST JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHARF, MICHAEL 6636 EPPING FOREST WAY NORTH JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CANTON, ANDREW 4455 SEABREEZE DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOLPIN, CAROLE 6711 LINFORD LN JACKSONVILLE, FL 32217

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05/17/07-80048-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carole R. Wolpin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

(904) 268-0404
Daytime Phone #