

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 047 ****61.25

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**

40003778



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1404058

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SUSSMAN, CHARLES R**
STREET ADDRESS **9572 WATERFORD ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MALLOW, ED**
STREET ADDRESS **11643 MAGNOLIA ESTATES RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **SCHART, BRAM**
STREET ADDRESS **10220 TREVOR CREEK DR EAST**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☒ Change ☐ Addition
NAME **SCHARF, BRAM**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHARF, MICHAEL**
STREET ADDRESS **6636 EPPING FOREST WAY NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CANTON, ANDREW**
STREET ADDRESS **4455 SEABREEZE DR**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☒ Change ☐ Addition
NAME **VD Cantor, Andrew**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **WOLPIN, CAROLE**
STREET ADDRESS **6711 LINFORD LN**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. **Carole Wolpin**

SIGNATURE:

Carole R. Wolpin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 (904) 268-0404

Date

Daytime Phone #