

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723822

FILED
Apr 18, 2009
Secretary of State

Entity Name: BETH SHALOM CONGREGATION, NC.

Current Principal Place of Business:

4072 SUNBEAM ROAD
JACKSONVILLE, FL 322578813

New Principal Place of Business:

Current Mailing Address:

4072 SUNBEAM ROAD
JACKSONVILLE, FL 322578813

New Mailing Address:

FEI Number: 59-1404058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUSSMAN, CHARLES R
Address: 9572 WATERFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: MALLOW, ED
Address: 11643 MAGNOLIA ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS () Delete
Name: SCHARF, BRAM
Address: 10220 TREVOR CREEK DR EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SCHARF, MICHAEL
Address: 6636 EPPING FOREST WAY NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete
Name: CANTOR, ANDREW
Address: 4455 SEABREEZE DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DP () Delete
Name: WOLPIN, CAROLE
Address: 6711 LINFORD LN
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MALLOW, ED
Address: 11643 MAGNOLIA ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS (X) Change () Addition
Name: POPIOL, SUSAN
Address: 2162 KNOTTINGHAM TRACE LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KAPLAN, JERY
Address: 9285 ROSEWATER LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32256

Title: D (X) Change () Addition
Name: WOLPIN, CAROLE
Address: 6711 LINFORD LN
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R SUSSMAN

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date