2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726089

FILED Apr 28, 2008 Secretary of State

Entity Name: CONGREGATION RODEPH SHOLOM, INC.

Current Principal Place of Business: New Principal Place of Business:

2713 BAYSHORE BLVD TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

2713 BAYSHORE BLVD TAMPA, FL 33629

FEI Number: 59-0872678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARILYN, WITTNER MARCADIS, MARGOT
13617 LYTTON WAY 4913 ST. CROIX DR.
TAMPA, FL 33624 US TAMPA, FL 33629 US

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: MARGOT MARCADIS 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: WITTNER, MARILYN
Address: 13817 LYTTON WAY
Address: 13817 LYTTON WAY

 Address:
 13617 LYTTON WAY
 Address:
 4913 ST. CROIX DR.

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 TAMPA, FL 33629

Title: TD () Delete Title: TD (X) Change () Addition Name: LASHER, STUART Name: BARNETT, MICHAEL

Address: 4931 NEW PROVIDENCE Address: 6023 AUDUBON MANOR BLVD.
City-St-Zip: TAMPA, FL 33629 City-St-Zip: LITHIA, FL 33547

Title: VPD () Delete Title: VPD (X) Change () Addition Name: WULIGER, JAN Name: EISENSTAEDT, CAROLE Address: 1108 SHIPWATCH CIRCLE Address: 1458 HARBOUR WALK RD.

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: DIR () Delete Title: () Change () Addition

 Name:
 SIMON, CATHY
 Name:

 Address:
 5912 N BRANCH AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:

Name: Name: NEUMAN, CARLYN

Address: Address: 2508 WEST MORRISON AVE.

City-St-Zip: City-St-Zip: TAMPA, FL 33629

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: CATHY SIMON DIR 04/28/2008