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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735748** (6)

1. Corporation Name

TEMPLE AHAVAT SHALOM, INC.

Principal Place of Business

**1575 CURLEW ROAD
PALM HARBOR FL 34883**

Mailing Address

**1575 CURLEW ROAD
PALM HARBOR FL 34883-6513**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1976		3a. Date of Last Report 04/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1848730		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**KWALL, LOUIS
133 NORTH FT. HARRISON
CLEARWATER FL 34615**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☒ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	AWERBACH, MARTIN	1.2 NAME	GRAFF, MYRON
STREET ADDRESS	2364 TERENCE COURT	1.3 STREET ADDRESS	2793 HYDE PARK DRIVE
CITY - ST - ZIP	CLEARWATER FL 34619	1.4 CITY - ST - ZIP	CLEARWATER FL 34621
TITLE	VP ☐ DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME	LOWITT, ARLENE	2.2 NAME	FISHER, MARIANNE
STREET ADDRESS	2082 EAGLE ESTATES CIRCLE W.	2.3 STREET ADDRESS	2333 FEATHER SOUND DRIVE #A406
CITY - ST - ZIP	CLEARWATER FL 34621	2.4 CITY - ST - ZIP	CLEARWATER FL 34622
TITLE	T ☐ DELETE	3.1 TITLE	VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	COHEN, ROBERT	3.2 NAME	AWERBACH, MARTIN
STREET ADDRESS	450 PURPLE FINCH WAY	3.3 STREET ADDRESS	2364 TERENCE COURT
CITY - ST - ZIP	PALM HARBOR FL 34883	3.4 CITY - ST - ZIP	CLEARWATER FL 34619
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, EDIE	4.2 NAME	
STREET ADDRESS	110 ARBOR LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL 34677	4.4 CITY - ST - ZIP	
TITLE	PD ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLSTEIN, DAVID	5.2 NAME	
STREET ADDRESS	17 BIRDIE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	5.4 CITY - ST - ZIP	
TITLE	VD ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GRAFF, MYRON	6.2 NAME	
STREET ADDRESS	2793 HYDE PARK PLACE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/97

813-785-8811

Date

Daytime Phone # 0068742

CR2E037 (9/96)