

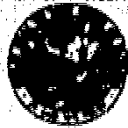
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 26 PM 1:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 735920 (1)**  
1. Corporation Name  
**CONGREGATION BETH SHALOM**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1325 S. BELCHER RD.  
CLEARWATER FL 34624**      **1325 S. BELCHER RD.  
CLEARWATER FL 34624**

3. Date Incorporated or Qualified **05/25/1976**      3a. Date of Last Report **04/05/1994**  
4. FEI Number **59-1290855**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SILVERMAN, MELVIN  
1927 ORO COURT  
CLEARWATER FL 34624**

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 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE *Melvin Silverman* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	ROSEN, LORI 1707 CYPRESS TRAVE DR. SAFETY HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<del>SIEGEL, RICHARD</del> <del>1441 MAPLE FOREST DRIVE</del> <del>CLEARWATER FL</del>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<del>STARR, CHARLES</del> <del>1927 MORELAND DRIVE</del> <del>CLEARWATER FL</del>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	SILVERMAN, MELVIN 1927 ORO COURT CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<del>WEDON, JEFFREY</del> <del>3911 SAN JOSE STREET</del> <del>CLEARWATER FL</del>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	GOLDSCHMIDT, MARK 1624 FARRIER TRAIL CLEARWATER FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	KATHY SOBEL 3547 SHORELINE CIRCLE PALM HARBOR, FL 34684	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	LEON FOX 2609 FALLSROCK DRIVE CLEARWATER, FL 34621	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	HARRY GOLD 2830 COUNTRYSIDE BLVD. #214 CLEARWATER, FL 34621	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Melvin Silverman*  
MELVIN SILVERMAN (Date) 4/19/95 (Filing #) 531-1418