

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 05/25/1976
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1290855	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	23
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent
SILVERMAN, MELVIN
1027-ORO COURT
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name: **Leo Plotkin**
82 Street Address (P.O. Box Number is Not Acceptable): **1621 GOLF BLVD. #604**
83 City: **Clearwater**
84 City: **FL** 85 Zip Code: **34630**

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: *Leo Plotkin* DATE: **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, LORI	
STREET ADDRESS	1707 CYPRESS TRAVE DR.	
CITY - ST - ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOBEL, KATHY	
STREET ADDRESS	3547 SHORELINE CIRCLE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOX, LEON ID	
STREET ADDRESS	2609 FALLSROCK DRIVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, MELVIN	
STREET ADDRESS	1027-ORO COURT	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, HARRY	
STREET ADDRESS	2830 COUNTRYSIDE BLVD. #214	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSCHMIDT, MARK	
STREET ADDRESS	1624 FARRIER TRAIL	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MR. JOEL TRAUB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3248 Masters Drive	
1.3 STREET ADDRESS	Clearwater, FL 34621	VD
1.4 CITY - ST - ZIP	700001848937	
2.1 TITLE	-06/04/95--01009--023	
2.2 NAME	***61.25	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Mrs. Roni Igel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2804 Bluffs Drive	
4.3 STREET ADDRESS	Largo, FL 34640	VD
4.4 CITY - ST - ZIP		
5.1 TITLE	MR. ELIAN BAR-AN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2122 BARCELONA Ave. Drive	
5.3 STREET ADDRESS	Clearwater, FL 34624	VD
5.4 CITY - ST - ZIP		
6.1 TITLE	MR. Leo Plotkin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1621 GOLF BLVD. #604	
6.3 STREET ADDRESS	Clearwater, FL 34630	P
6.4 CITY - ST - ZIP		

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: *Leo Plotkin* DATE: **4-8-96** (813)857-4461

CR2E037 (12/95) 6-3-96