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Apr 09 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 # 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 34624-3712
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/25/1976	3a. Date of Last Report 06/03/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1290855	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PLOTKIN, LEO
1621 GULF BOULEVARD
SUITE 604
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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: *Leo Plotkin Pres.* DATE: **4/2/97**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRAUB, JOEL	
STREET ADDRESS	3248 MASTERS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOBEL, KATHY	
STREET ADDRESS	3547 SHORELINE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOX, LEON	
STREET ADDRESS	2609 FALLSROCK DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IGEL, RONI	
STREET ADDRESS	2604 BLUFFS DRIVE	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAR-AV, ELIAN	
STREET ADDRESS	2122 BARCELONA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PLOTKIN, LEO	
STREET ADDRESS	1621 GULF BOULEVARD #604	
CITY-ST-ZIP	CLEARWATER FL 34630	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Teresa Loebenboff	
2.3 STREET ADDRESS	2385 Campbell Road	
2.4 CITY-ST-ZIP	Clearwater, FL 34625	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Elian Bar-Av* DATE: **APRIL 2 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)