


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-1290855
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: MARC A. B. SILVERMAN, 82 Street Address: 1325 S. BELCHER RD., 84 City: CLEARWATER, FL 85 Zip Code: 34624

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: Marc A. B. Silverman DATE: 4-8-98

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRAUB, JOEL	
STREET ADDRESS	3249 MASTERS DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEBENBERG, TERESA	
STREET ADDRESS	2385 CAMPBELL RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOX, LEON	
STREET ADDRESS	2800 FALLS ROCK DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IGEL, RONI	
STREET ADDRESS	2804 BLUFFS DRIVE	
CITY-ST-ZIP	LARGO FL 34840	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAR-AY, ELIAN	
STREET ADDRESS	2122 BARCELONA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624 33764	
TITLE	R	<input checked="" 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	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARC A. B. SILVERMAN	
1.3 STREET ADDRESS	1325 S. BELCHER RD	
1.4 CITY-ST-ZIP	CLEARWATER FL 34624	
2.1 TITLE	Treasurer/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Michelman	
2.3 STREET ADDRESS	168 Marina Del Rey Ct.	
2.4 CITY-ST-ZIP	CLEARWATER FL 33767	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Applefield	
3.3 STREET ADDRESS	1867 Del Robles Ter	
3.4 CITY-ST-ZIP	LARGO FL 33764	
4.1 TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roni Igel	
4.3 STREET ADDRESS	2804 Bluffs Drive	
4.4 CITY-ST-ZIP	LARGO FL 33770	
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELIAN BAR-AY	
5.3 STREET ADDRESS	2122 BARCELONA DR	
5.4 CITY-ST-ZIP	CLEARWATER FL 33764	
6.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mike Bernstein	
6.3 STREET ADDRESS	2226 Buena Vista Dr.	
6.4 CITY-ST-ZIP	CLEARWATER FL 33764	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JOEL TRAUB 1/13/98 813-725-5544

CR2E037 (10/97)