


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90134 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735920**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address* 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/25/1976	4. FEI Number 59-1290855 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**MARC A.B. SILVERMAN**  
~~1525 S BELCHER RD~~  
~~CLEARWATER FL 34624~~  
*509 So. Greenwood Ave.*  
*Clearwater, FL 33756*

10. Name and Address of New Registered Agent  
 81 Name **SAME**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC A.B. SILVERMAN	1.2 NAME	MARC A.B. Silverman
STREET ADDRESS	<del>1525 S BELCHER RD</del>	1.3 STREET ADDRESS	509 S. Greenwood
CITY-ST-ZIP	<del>CLEARWATER FL 33764</del>	1.4 CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD - STEVEN Beckerman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN MICHELMAN	2.2 NAME	STEVEN Beckerman
STREET ADDRESS	168 MARINA DEL REY CT	2.3 STREET ADDRESS	1373 Forestedge Blvd.
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD PAUL APPLEFIELD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL APPLEFIELD	3.2 NAME	PAUL APPLEFIELD
STREET ADDRESS	1867 DEL ROBLES TERR	3.3 STREET ADDRESS	1867 Del Robles Terr
CITY-ST-ZIP	LARGO FL 33764	3.4 CITY-ST-ZIP	LARGO, FL 33764
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGEL, RONI	4.2 NAME	RONI IGEL
STREET ADDRESS	2804 BLUFFS DRIVE	4.3 STREET ADDRESS	2804 BLUFFS DRIVE
CITY-ST-ZIP	LARGO FL 33770	4.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELINER BAR-AV	5.2 NAME	DR. ERIC Steckler
STREET ADDRESS	2122 BARCELONA DR	5.3 STREET ADDRESS	1703 HUNTINGTON COURT
CITY-ST-ZIP	CLEARWATER FL 33764	5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE BERSTEIN	6.2 NAME	MILTON NATHANSON
STREET ADDRESS	2226 BUENA VISTA DR	6.3 STREET ADDRESS	2699 Seville Blvd. # 603
CITY-ST-ZIP	CLEARWATER FL 33764	6.4 CITY-ST-ZIP	CLWR. 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)(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, with all other like empowered.

SIGNATURE: Marc A.B. Silverman **RED** 4/13/99 727 531-1418  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)