


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 735920 1. Entity Name CONGREGATION BETH SHALOM |  |
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|--|--|
| Principal Place of Business 1325 S. BELCHER RD. CLEARWATER, FL 33764 | Mailing Address 1325 S. BELCHER RD. CLEARWATER, FL 33764 |
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-1290855 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BOMSTEIN, ALAN
 1015 VICTORIA DRIVE
 DUNEDIN, FL 34698

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOMSTEIN, ALAN 1315 VICTORIA DRIVE DUNEDIN, FL 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BECKERMAN, STEVEN 1373 FORESTEDGE BLVD. OLDSMAR, FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHANE, MICHAEL 104 ANNWOOD ROAD PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPOP MATT, SHARF 2316 PIN OAK LANE W. CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | IPP JACOBS, EILEEN 2711 REDFORD COURT EAST CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPF ROBERT, FREEDMAN 1612 FARRIER LANE CLEARWATER, FL 33765 |

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 02/06/06-80016-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____ Date: 1/23/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR