

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735920

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CONGREGATION BETH SHALOM

**Current Principal Place of Business:**

1325 S. BELCHER RD.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1325 S. BELCHER RD.  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 59-1290855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOMSTEIN, ALAN  
1015 VICTORIA DRIVE  
DUNEDIN, FL 34698      US

**Name and Address of New Registered Agent:**

SHANE, MICHAEL  
104 ANNWOOD DR.  
PALM HARBOR, FL 34685      US

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.

SIGNATURE: MICHAEL SHANE

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SHANE, MICHAEL  
Address: 104 ANNWOOD RD  
City-St-Zip: PALM HARBOR, FL 34685

Title: P      ( ) Delete  
Name: HEYMAN, SUSAN  
Address: 2061 BROOKSIDE DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T      ( ) Delete  
Name: SCHLOSS, ART  
Address: 4132 MORENO DR.  
City-St-Zip: PALM HARBOR, FL 34685

Title: VPOP      ( ) Delete  
Name: NORDLINGER, ART  
Address: 1480 GULF BLVD #906  
City-St-Zip: CLEARWATER, FL 33767

Title: VPF      ( ) Delete  
Name: SHIFTAN, GARY  
Address: 3874 TIMBER RIDGE CT  
City-St-Zip: PALM HARBOR, FL 34685

Title: S      ( ) Delete  
Name: KRAUS, RANDI  
Address: 2436 GLENANN DR  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HEYMAN, SUSAN  
Address: 2061 BROOKSIDE DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPP      (X) Change ( ) Addition  
Name: IGEL, RONI  
Address: 2804 BLUFFS DR.  
City-St-Zip: LARGO, FL 33770

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: ABRAMS, STEVEN  
Address: 1719 STABLE TR.  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HEYMAN

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date