FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736490** **(4)**

1. Corporation Name

BEVERLY HILLS JEWISH CENTER - CONGREGATION BETH SHOLOM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE CIVIC CIRCLE BEVERLY HILLS FL 34465 US	ONE CIVIC CIRCLE BEVERLY HILLS FL 34465 US

3. Date Incorporated or Qualified: 07/28/1976
3a. Date of Last Report: 03/23/1994
4. FEI Number: 23-7075223 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): P.O. Box 640024
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28): BEVERLY HILLS, FL.
Zip (24) / Country (25)	Zip (29): 34464-0024 / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIENER, SHIRLEY 45 S. TYLER ST. BEVERLY HILLS FL 34465	81 Name: REINER, DORATHY 82 Street Address (P.O. Box Number is Not Acceptable) 83: 3833 N. BRIARBERRY PT. 84 City: BEVERLY HILLS FL 85 Zip Code: 34465

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: K Dorothy Reiner pres. — DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition PD
NAME	VIGOR, BERNIE	1.2 NAME	GELSKY, HELEN
STREET ADDRESS	P.O. BOX 57 N/A	1.3 STREET ADDRESS	3583 N. TIMOTHY TER
CITY-ST-ZIP	HOLDER FL 34445	1.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition VP
NAME	WEISS, MARTIN	2.2 NAME	WIENER, SHIRLEY
STREET ADDRESS	8770 SW 211 CIRCLE	2.3 STREET ADDRESS	45 SO. TYLER ST
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	BEVERLY HILLS FL. 34465
TITLE	VP	3.1 TITLE	☐ Change ☒ Addition SP
NAME	GELSKY, HELEN	3.2 NAME	REINER, DORATHY
STREET ADDRESS	3583 N. TIMOTHY TER.	3.3 STREET ADDRESS	3833 N. BRIARBERRY PT.
CITY-ST-ZIP	BEVERLY HILLS FL 34464	3.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	S	4.1 TITLE	☐ Change ☐ Addition TD
NAME	WIENER, SHIRLEY	4.2 NAME	WIENER, MORTON
STREET ADDRESS	45 S. TYLER ST.	4.3 STREET ADDRESS	45 S TYLER ST.
CITY-ST-ZIP	BEVERLY HILLS FL	4.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	TD	5.1 TITLE	☐ Change ☒ Addition FSD
NAME	WIENER, MORTON	5.2 NAME	FLATOW, HENRY
STREET ADDRESS	45 S. TYLER ST.	5.3 STREET ADDRESS	50 SO. DAVIS ST.
CITY-ST-ZIP	BEVERLY HILLS FL	5.4 CITY-ST-ZIP	BEVERLY HILLS FL. 34465
TITLE	FSD	6.1 TITLE	☐ Change ☒ Addition 2VP
NAME	SAGER, SAMUEL	6.2 NAME	HARTENSTEIN GILBERT
STREET ADDRESS	23 S. JEFFERSON ST.	6.3 STREET ADDRESS	359 W. SUGARBERRY LN
CITY-ST-ZIP	BEVERLY HILLS FL	6.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-25-95 (904) 272-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085077