


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 040 ****61.25

DOCUMENT # 736490 1. Entity Name BEVERLY HILLS JEWISH CENTER - CONGREGATION BETH SHOLOM, INC.					
Principal Place of Business 102 CIVIC CIR. BEVERLY HILLS FL 34465 US		Mailing Address P.O. BOX 640024 BEVERLY HILLS FL 34464-0024 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEAVITT, SONYA 864 W. GLEASON PL. BEVERLY HILLS FL 34465				7. Name and Address of New Registered Agent Name MORTON WIENER Street Address (P.O. Box Number is Not Acceptable) 45 S. TYLER ST City BEVERLY HILLS <div style="float: right;"> FL Zip Code 34465 </div>	
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 MORTON WIENER TRES. <i>Morton Wiener TRES</i> 3/7/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PRES. <input type="checkbox"/> Delete GUDIS, MICHAEL 253 NW BAY PATH DR CRYSTAL RIVER FL 34428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete LEAVITT, SONYA 864 W. GLEASON PL BEVERLY HILLS FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY DIANA FISHMAN 906 W. SKYVIEW CROSSING DR. HERNANDO FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete LEAVITT, LES 864 W. GLEASON PL BEVERLY HILLS FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2nd VP LUCILLE POCH 1027 N. SHORTLINE WAY INVERNESS FL. 34453	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ANTONOFF, STEVEN 735 W. SUNBIRD PATH HERNANDO FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete WIENER, MORTON 45 S. TYLER ST. BEVERLY HILLS FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD <input type="checkbox"/> Delete FLATOW, HENRY 50 S DAVIS ST BEVERLY HILLS FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
12. 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Morton Wiener TRES.</i> MORTON WIENER 3/7/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E037 (10/04)

4. FEI Number **23-7075223** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**