

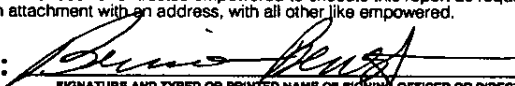


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 042 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7075223	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENER, MORTON 45 S TYLER ST BEVERLY HILLS, FL 34465				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	2VP KALKSTEIN, HERBERT 4445 NE 3RD CT OCALA, FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZANE, ELLEN 6715 N DELTONA BLVD DUNNELLON, FL 34434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP POCH, LUCILLE 1027 N SHORTLINE WAY INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	IYP POCH, LUCILLE 1027 N SHORTLINE WAY INVERNESS, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANTONOFF, STEVEN 735 W. SUNBIRD PATH HERNANDO, FL 34442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEVEN ANTONOFF 735 W. SUNBIRD PATH HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WIENER, MORTON 45 S. TYLER ST. BEVERLY HILLS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERNSTOCK BERNICE 2050 W. DEER TRAIL LN LECANO, FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD FLATOW, HENRY 50 S DAVIS ST BEVERLY HILLS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS FLATOW, HENRY 50 S DAVIS STREET BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  BERNICE BENSTOCK 4/12/07 (352) 746-2381					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40062494

~~# 736490~~

BEVERLY HILLS JEWISH CENTER- CONGREGATION BETH SHOLOM

DIRECTORS:

Sandra Flatow
50 S Davis Street
Beverly Hills, FL 34465

Mike Reaboi
97 N Bauer Road
Lecanto, FL 34461

Sarah Gross
950 S Nutmeg Terrace
Lecanto, FL 34461

Murray Topol
5688 West Pine Circle
Crystal River, FL 34429

Marion Krause
91 S Tyler Street
Beverly Hills, FL 34465

Leslie Leavitt
864 W Gleason Street
Beverly Hills, FL 34465

Sonya Leavitt
864 W Gleason Street
Beverly Hills, FL 34465

Lloyd Leshin
3955 E Lake Hernando Lane
Hernando, FL 34442

Betty Passman
512 S Harrison Street
Beverly Hills, FL 34465