
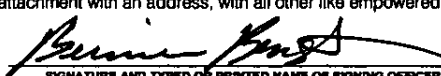


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90005 030 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		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				7. Name and Address of New Registered Agent	
WIENER, MORTON 45 S TYLER ST BEVERLY HILLS, FL 34465				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, 2008		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			
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	KALKSTEIN, HERBERT		NAME	P LESHIN, LLOYD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	4445 NE 3RD CT		STREET ADDRESS	3955 E LAKE HERNANDO LANE	
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZANE, ELLEN		NAME	GROSS, SARAH	
STREET ADDRESS	6715 N DELTONA BLVD		STREET ADDRESS	950 S NUTMEG TERRACE	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	VP1	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POCH, LUCILLE		NAME	POCH, LUCILLE	
STREET ADDRESS	1027 N SHORTLINE WAY		STREET ADDRESS	1027 N SHORTLINE WAY	
CITY-ST-ZIP	INVERNESS, FL 34453		CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTONOFF, STEVEN		NAME	ANTONOFF, STEVEN	
STREET ADDRESS	735 W. SUNBIRD PATH		STREET ADDRESS	735 W SUNBIRD PATH	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSTOCK, BERNICE		NAME		
STREET ADDRESS	2050 WEST DEERTRAIL LANE		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLATOW, HENRY		NAME		
STREET ADDRESS	50 SOUTH DAVIS STREET		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
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: 			BEARNICE BENSTOCK 4/1/08 (352) 746-2381		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40056115

236498

BEVERLY HILLS JEWISH CENTER- CONGREGATION BETH SHOLOM

DIRECTORS:

Sandra Flatow
50 S Davis Street
Beverly Hills, FL 34465

Melvin Schuldenfrei
1278 N Cherry Pop Drive
Hernando, FL 34442

Sherry Bloch
289 W Romany Loop
Beverly Hills, FL 34465

Marion Krause
91 S Tyler Street
Beverly Hills, FL 34465

Leslie Dinerstein
924 W Art Carney Place
Beverly Hills, FL 34465

Isabelle Grenitz-Hutchins
10961 SW 79 Avenue
Ocala, FL 34476

Murray Topol
5688 West Pine Circle
Crystal River, FL 34429

Betty Passman
512 S Harrison Street
Beverly Hills, FL 34465

Morton Wiener
45 S Tyler Street
Beverly Hills, FL 34465

Murray Topol
5688 West Pine Circle
Crystal River, FL 34429

4/1/08