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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740673

(9)

THE SISTERHOOD OF TEMPLE BETH SHOLOM, INC.

S955 N WOCKER ADAD MELBOURNE FL 23940 US 2. Principal Place of Business										
P. O. BOX 41970 U.S.	Principal Place	e of Business	Mailing Address					((() ()) () () ()	W/WH WIRIT	1841 81314 (84)
MERCURNE Fi. 32MH-0780 S. Date Incorporated to Challifed 11/0 1/1977 S. Date Incorporated to Challifed 11/0 1/1977 S. Date Incorporated to Challifed S. Date of Last Pepcint C. S. Date S. D	5995 N WICKHE	EA ROAD								
US 2. Principal Place of Business 2. Principal Place of Business 3. Real Report 3. Suite. Apil #, etc. 3. Certificate of Status Desired \$8.75 Additional \$8.75 Additi		L 32940								
Surie, Apt. 4, etc. Surie, Apt. 4, etc.	05						3a. Date	of Last R 5/16/19	eport 96	
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & City & State City	2. Principal Pl	ace of Business	2a. Mailing Addre	ess					Ap	plied For
Country City & State City & Country Zip Country St. 00 May Be Added to Feee No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No. Name St. St. Name St. Name St. St. Name St. St. Name St. Name St. Name St. Name St. St. Name						1.00.07				
City & State City & State City & State City & State Received Committee Received (Committee Receiv		#, elc.				5. Certificate of Status Desired				
28		3					& Floation Compaign Financing			
Zo		-	'	 			•			
Public P		Country		Co	ountry		·········	ntangible te		
DUBIN, SANDY 323 SEARREZE DR INDIALANTIC FL 32903 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer efficiency 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, and the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state product printed part and time a spokestive of the corporation's board of directors. I hereby accept the appointment as registered agent agent and time a spokestive of the corporation's board of directors. I hereby accept the appointment as registered agent agent agent and time a spokestive of the corporation's board of directors. I hereby accept the appointment as registered agent a	24	25	29	30	30		Florida Statutes	Yes 🗀	No	
DUBIN, SANDY 323 SEABREEZE DR INDIALANTIC FL 32903 #4 City FL 8 Zip Code #4 City FL 8 Zip							10. Name and Address of New Re	platered A	pent	
323 SEABREEZE DR INDIALANTIC FL 32903 44 City FL 85 ZID Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Sialutes, the above-named corporation submits this statement for the pursues of champing its registered agent. I arm familiar with, and accept the obligations of Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 10. OFFICERS AND DIRECTORS IN 12 11. STREET ADDRESS 561 CRYSTAL LAKE DR 22 SIMME SALTZMAN, GREER SALTZMAN,					B1	Name				
INDIALANTIC FL 32903 33					82 Street Address (P.O. Box Number is Not Acceptable)					
## City ## PL 85 Zip Code 11. Pursuant to the provisions of Sectors 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. Or both, in the State of Florids. Such change was surforized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Sections 617.0503. Florids Statutes. ### State of Florids Statutes. ### State of Florids Statutes. ### State of Florids Statutes. ### WOTE Respected Agent agents agent and the # applicable ### WOTE Respected Agent agents required when releasered \$\text{Part of the appointment as registered agent.} \text{DDTTONSICHANGES TO OFFICERS AND DIRECTORS}										
F	INDIALAI	NTIC FL 32903			83					
11. Pussuant to the provisions of Sections 617.0502 and 617.1508, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the original statutes agent and time of registered agent and time if applicable. Interpolation Interpolatio					84	City		E 1	85 Zip	Code
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 and marrial with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	11 Purcuant I	to the provisions of Sections 617.050	2 and 617 1508 Floriv	da Statutes the	ehove-	nemed c	ornovation submits this statement for the n		henging it	c registered
SIGNATURE Signature, typed or printed rame of registered agent and tent if applicable INOTE: Registered Agent alignature required when reindatoring DATE	office or re	egistered agent, or both, in the State	of Florida, Such chan-	ioe was authorizi	ed by t	he corpo	ration's board of directors. I hereby accep	t the appo	ntment as	registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 2	-	m tamiliar with, and accept the obliga	Moris of, Section 617.	.0003, Florida St	atutes.					
TITLE	SIGNATURE _	Signature, typed or printed name of registered agei	ni and title if applicable	(NOTE: Register	red Agent	signature re	equired when reinstating)	DATE	,	
NAME	12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	IS IN 12
1143 GRANADA CT	TITLE	TD	☐ DE	LETE 1.11	TITLE			I	Change	Addition
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MAME GOLDBERG, JEANNETTE 22 NAME 23 STREET ADDRESS	CITY-ST-ZIP									
STREET ADDRESS S61 CRYSTAL LAKE DR	TITLE		↓ DE					i	Change	L_ Addition
CITY-SI-ZIP MELBOURNE FL					-					
TITLE S/D DELETE 3.1 TITLE 3.2 Addition NAME SALTZMAN, GREER 3.2 NAME STREET ADDRESS CITY-S1-ZIP SATELLITE BEACH FL				1						
NAME SALTZMAN, GREER SIRET ADDRESS SATELLITE BEACH FL NAME DUBIN, SANDY SIRET ADDRESS CITY-ST-ZIP DUBIN, SANDY SIRET ADDRESS CITY-ST-ZIP NOMAL ANTIC FL NAME SCHIFF, RHONDA SIRET ADDRESS CITY-ST-ZIP NOMAL SCHIFF, RHONDA SIRET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE NAME STREET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE NAME STREET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE NAME STREET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE NAME STREET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP SATELLITE BCH. FL 32937 IIILE ADDRESS CITY-ST-ZIP A			l nr			-ZIP			Channe	Addition
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PM. FOR DESCRIPTION OF THE INFORMATION SUDDIED WITH THIS HIRD GOES HOLOUGH YOR THE EXEMPLIANT STREET IN SECTION 1.13.07(5)(1), FIGURE STREETS, 1 MAINEY CHINA INFORMATION		ay portify that the information as a list	d with this filles does				sted in Section 110 07/3V/N Florida Platita	e I further	portify 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; the	informatio	on indicated on this annual report or s	supplemental annual re	eport is true and	d accurr	ate and t	hat my signature shall have the same lega	l effect as l	f made un	der 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 empress	l am an of	micer or director of the corporation of	the receiver or truste	e empowered to	execn.	te inis re	port as required by Chapter 617, Florida S	RATUTOS; An	a that my i	name

SIGNATURE: COMMENT STREED 4/25/

25/97 407 799 9721

FILED

May 01 1997 8:00am

Secretary of State

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