## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

THE SISTERHOOD OF TEMPLE BETH SHOLOM, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State

THE SISTERMOOD OF TEMPLE BETH SHOLOW, MYG.														
Principal Plac	e of Busines	SS	Mailing Address					<b>         </b>						
5995 N WICKH			5995 N. WICKHAM RD	5995 N. WICKHAM RD				3. Date inc	orporated or (	Qualified				
MELBOURNE F	L 32940						İ		01/1977	arabinio (a				
			US /	329	4	0	1	4. FEI Num				Ā	pplied For	
6 Diagram 15	Name of Day		(Same					59-	0993975			N	lot Applicable	
2. Principal P		ness	2a. Malling Address 26	26				5. Certifica	te of Status D	esired			Additional Required	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					Campaign Fir			\$5.00		
City & Stat	e			City & State					nd Contributio			Agided (		
23			———	28				7. Is this nonprofit corporation a homeowners association?						
Zip		Country	Zip	<del></del>				8. This core	oration owes			707	ntangible	
24		25	29	11									□ No	
	9. Name	and Address of Curr	81			10. Name a	nd Address o	f New Re	agistered	Agent				
BUDDI GAMBU						Name	K	(hon	da	Sa	lud	A.		
DUBIN, SANDY 323 SEABREEZE DR					82	Street A	Addres	(7.0, Box N	lumber is Not	Accepta	bie)	10/	100	
	NTIC FL 32				83		'	7/0	Lan	34	n DL	co- 1.	7. V	
		.000		,		0::								
					84	City	Sa	tolly	2 6	· ul	_ FL		2937	
11. Pursuant	to the provis	ions of Sections 617.05	02 and 617.1508, Florida Statu le of Florida. Such change was gations of, Section 617.0503, Fl	es, the at	oove	-named	corpore	ation submits	this statemen	t for the	purpose c	of changing i	its registered	
agent. I a	m <b>fa</b> miliar w	ith, and accept the obli	gations of, Section 617.0503, FI	orida Stat	utes.	the corp	oration	s ocard or d	irectors, i ner	эру ассе	pt the app	pointment as	; registered	
SIGNATURE		Klorda								_				
12.	Signature, typed	or printed name of registered a	gent and tille il applicable. (NOT ND DIRECTORS	E: Registered	l Agen	it signature	required v	when reinstating)	S/CHANGES	TO OFFI	DATE CEDS AND	D DIDECTOR	20 IN 40	
TITLE	TD	0.1.102.1071	DELETE				2	res.	1 .	10 011 1	JUIN AND	Change	Addition	
NAME	HELFGO	TT, DIANE S.						arol	11.1	t re	Y	2 7 (	7	
STREET ADDRESS 1143 GRANADA CT				1.3 ST	REET A	ODRESS	U	1905	Hit surne tor	AIA	# 3	7 043 1		
CITY-ST-ZIP MELBOURNE FL				1.4 CIT	TY-ST	- ZIP	j	nell	ourne	Bea	ch f	4 3	2951	
TITLE	P/D		☐ DELETE	2.1 107	2.1 TITLE			Direc	100			Change	☐ Addition	
NAME		RG, JEANNETTE		2.2 NA	ME			• ,, ••	<b>\</b> - /			•		
STREET ADDRESS 561 CRYSTAL LAKE DR MELBOURNE FL				2.3 S16	REET A	ADDRESS								
CITY-ST-ZIP		JKNE FL		2. 4 CI		r-ZIP			·					
TITLE	S/D SALTZM	AN OPER	DELETE	3.1 TIT				Pirec	408			Change	Addition	
NAME SALTZMAN, GREER STREET ADDRESS 562 LANTERNBACK ISLAND				3.2 NAME								-		
CITY-ST-ZIP SATELLITE BEACH FL			_	3.3 STREET ADDRESS 3.4. C/TY-ST-Z/P										
TITLE	Ď	TE DENOTITE	DELETE	4.1 TIT		- 2117						Change	Addition	
NAME	DUBIN,	SANDY		4.2 NA		-						- Onunge	Addition	
STREET ADDRESS		ABREEZE DR.	•			DDRESS								
CITY-ST-ZIP	INDIALA	NTIC FL		4,4 CIT					,	,		_		
TITLE	Ď		☐ DELETE	5.1 TIT			5	ecre	tory	(1), r	utor	Change	Addition	
NAME		RHONDA		5.2 NA	ME		-	<del>-</del>	11	יונש	p = 1 - 5 ·	•	İ	
STREET ADDRESS	472 LAN	TERNBACK ISL. DR.		5.3 STF	RÉET A	DDRESS								

14. Thereby 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 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 chapped, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SATELLITE BCH. FL 32937

Change

Addition