2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747130

1. Entity Name

CONGREGATION BETH SHALOM OF ORMOND BEACH, INCORPORATED

0002094

Principal Place of Business	Mailing Address
10 SHAWNEE TRAIL ORMOND BEACH FL 32174-4318	10 SHAWNEE TRAIL ORMOND BEACH FL 32174-4318

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **59-1912991** — Applied For / Not Applicable
Zip — Country	Zip — Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSKOWITZ, CHARLES 10 SHAWNEE TRAIL ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE **PTD** NAME **MOSKOWITZ, CHARLES** STREET ADDRESS **10 SHAWNEE TRAIL** CITY-ST-ZIP **ORMOND BEACH FL 32174**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **GOLDSMITH, ADELE** STREET ADDRESS ~~1 GLEN WAY #100~~ CITY-ST-ZIP **HOLLY HILL FL 32117**	☐ Delete	TITLE NAME STREET ADDRESS *900 LPGA BLVD #9A* CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **D** NAME **MOSKOWITZ, LEA** STREET ADDRESS **10 SHAWNEE TRAIL** CITY-ST-ZIP **ORMOND BEACH FL 32174**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: _____Charles Moskowitz, Pres._____ 1/5/02 (386) 673-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #