2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747130

FILED Apr 22, 2008 Secretary of State

Entity Name: CONGREGATION BETH SHALOM OF ORMOND BEACH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 10 SHAWNEE TRAIL 206 SOUTH SPRING GARDEN AVE. ORMOND BEACH, FL 321744318 DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 206 SOUTH SPRING GARDEN AVE. 10 SHAWNEE TRAIL DELAND, FL 32720 ORMOND BEACH, FL 321744318 FEI Number: 59-1912991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSKOWITZ, CHARLES 10 SHAWNEE TRAIL WEILHEIMER, WINSTON 206 SOUTH SPRING GARDEN AVE. ORMOND BEACH, FL 32174 US DELAND, FL 32720 US 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: WINSTON WEILHEIMER 04/22/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete () Change () Addition MOSKOWITZ, CHARLES Name: Name: 10 SHAWNEE TRAIL Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: (X) Change () Addition WEILHEIMER, WINSTON Name: WEILHEIMER, WINSTON Name: Address: 206 S SPRING GARDEN BLVD Address: 206 S SPRING GARDEN AVE City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720 Title: () Delete Title: (X) Change () Addition MOSKOWITZ, LEA BARR, PAUL Name: Name: 555 DUSTIN TERRACE Address: 10 SHAWNEE TRAIL Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DELTONA, FL 32725 Title: Title: () Change (X) Addition () Delete Name: Name: REILLY, JAMES 1462 EDEN DR. Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32725 Title: () Delete Title: () Change (X) Addition MITCHEM, SHIRL Name: Name: 125 NARANJA RD #3 Address: Address: City-St-Zip: City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BARR D 04/22/2008