2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N03000003274

Entity Name: BETH SHALOM FELLOWSHIP, INC.

Current Principal Place of Business:

16891 CRESTVIEW LN
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16891 CRESTVIEW LN
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, MITCHELL
16891 CRESTVIEW LN
WESTON, FL 33326

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CHAPMAN, MITCHELL
Address: 16891 CRESTVIEW LN
City-St-Zip: WESTON, FL 33326

Title: DS ( ) Delete
Name: CHAPMAN, DIANE
Address: 16891 CRESTVIEW LN
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: DEMASCOLO, MARY
Address: 16891 CRESTVIEW LN
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MILLER, BRYAN W
Address: 8991 NW 189 STREET
City-St-Zip: MIAMI, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MITCHELL CHAPMAN DP 03/30/2004

Electronic Signature of Signing Officer or Director — Date