

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25157

FILED
Jan 16, 2009
Secretary of State

Entity Name: TEMPLE BETH SHALOM OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

227 N BEAL PKWY
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

Current Mailing Address:

TEMPLE BETH SHALOM
P O BOX 111
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3242648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, MARTIN
312 OAKLAKE LN
NICEVILLE, FL 32578 US

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: T () Delete
Name: SIEGEL, MARTIN
Address: 312 OAKLAKE LN
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: MANDEL, DELLA
Address: 409 MARINA POINT DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KAPLAN, DAVID
Address: 907 E. CHCTAWATCHEE DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: PIKE, PETER
Address: 3624 AZALEA DR
City-St-Zip: DESTIN, FL 32541

Title: V.P () Delete
Name: PAYNE, WENDY
Address: 4410 SONOMA CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: HAMMER, MARK
Address: 103 HANDS COVE LANE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SANBORN, HERB
Address: 67 POQUITO RD
City-St-Zip: SHALIMAR, FL 32579

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

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: MARTIN SIEGEL

T

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date