

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PM 3: 13

DOCUMENT # **N28363** (2)

1. Corporation Name

**CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA  
INC.**

Principal Place of Business

Mailing Address

127 WEST MAIN STREET  
C/O GETZEL MULARSKY  
LEESBURG FL 34748

127 WEST MAIN STREET  
C/O GETZEL MULARSKY  
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/14/1988</b>	3a. Date of Last Report <b>05/20/1994</b>
4. FEI Number <b>59-2142219</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**LEVINE, BEN**  
1723 BIRCHWOOD CIRCLE #2  
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name <b>Mularsky, Debra</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>211 South Nursery Road</b>
83
84 City <b>Leesburg</b>
85 State <b>FL</b>
86 Zip Code <b>34748</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Debra Mularsky Debra Mularsky 3/29/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>LEHNER, HAROLD</b>
STREET ADDRESS <b>1009 N. HAMLIN AVENUE</b>	CITY-ST-ZIP <b>HOWEY-IN-THE-HILLS FL</b>
TITLE <b>TD</b>	NAME <b>MULARSKY, DEBBIE</b>
STREET ADDRESS <b>211 S. NURSERY ROAD</b>	CITY-ST-ZIP <b>LEESBURG FL</b>
TITLE <b>PD</b>	NAME <b>PORTMAN, JEFFREY</b>
STREET ADDRESS <b>2656 FLOWING WELL RD.</b>	CITY-ST-ZIP <b>DELAND FL</b>
TITLE <b>VD</b>	NAME <b>WEITZ, GAIL</b>
STREET ADDRESS <b>211 S. NURSERY RD.</b>	CITY-ST-ZIP <b>MOUNT DORA FL</b>
TITLE <b>SD</b>	NAME <b>SCHAFFER, LINDA</b>
STREET ADDRESS <b>33205 CONVENTRY DR.</b>	CITY-ST-ZIP <b>LEESBURG FL</b>
TITLE <b>D</b>	NAME <b>MORRIS, NANCY</b>
STREET ADDRESS <b>6744 LAKEVIEW DR.</b>	CITY-ST-ZIP <b>VALAHA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VD</b>
4.3 STREET ADDRESS	<b>Marcus, Ed</b>
4.4 CITY-ST-ZIP	<b>1502 New Abbey Ave</b> <b>Leesburg FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>Schaffer, Micheal</b>
5.4 CITY-ST-ZIP	<b>33205 Coventry Drive</b> <b>Leesburg FL</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SD</b>
6.3 STREET ADDRESS	<b>Morris, Nancy</b>
6.4 CITY-ST-ZIP	<b>6744 Lakeview Drive</b> <b>Valaha FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE: Debra Mularsky 3/29/95 326-3432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #