

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28363 (2)**

1. Corporation Name  
**CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.**



Principal Place of Business: 127 WEST MAIN STREET C/O GETZEL MULARSKY LEESBURG FL 34748  
Mailing Address: 127 WEST MAIN STREET C/O GETZEL MULARSKY LEESBURG FL 34748

3. Date Incorporated or Qualified: **09/14/1988**  
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: **59-2142219**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MULARSKY, DEBRA  
211 SOUTH NURSERY ROAD  
LEESBURG FL 32748**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHNER, HAROLD	
STREET ADDRESS	1009 N. HAMLIN AVENUE	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MULARSKY, DEBBIE	
STREET ADDRESS	211 S. NURSERY ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTMAN, JEFFREY	
STREET ADDRESS	2858 FLOWING WELL RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCUS, ED	
STREET ADDRESS	1502 NEW ABBEY AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAFFER, MICHAEL	
STREET ADDRESS	33205 COVENTRY DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRIS, NANCY	
STREET ADDRESS	6744 LAKEVIEW DR.	
CITY-ST-ZIP	YALAHUA FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

500001828785  
-05/20/96--01034--041  
\*\*\*61.25  
5-1-96  
SJK

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 119.07(3)(k), 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 Date: 3/28/96 Daytime Phone #: 326-3432

CR2E037 (12/95)