FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28363**

(2)

CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA , INC.

Principal Place of Business Mailing Address 127 WEST MAIN STREET 127 WEST MAIN STREET C/O GETZEL MULARSKY C/O GETZEL MULARSKY LEESBURG FL 34748-5171 LEESBURG FL 34748 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1988 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2142219 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country 24 Yes No 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 MULARSKY, DEBRA 82 Street Address (P.O. Box Number is Not Acceptable) 211 SOUTH NURSERY ROAD 83 LEESBURG FL 32748 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change PD LEHNER, HAROLD 1.2 NAME NAME Schiff, Samuel 1009 N. HAMLIN AVENUE 1.3 STREET ADDRESS STREET ADDRESS 2317 Bonnie View Ct. HOWEY-IN-THE-HILLS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Leesburg, FL 34748 DELETE ☐ Change Addition TITLE 2.1 TITLE MULARSKY, DEBBIE NAME 2.2 NAME 211 S. NURSERY ROAD 2.3 STREET ADORESS STREET ADDRESS LEESBURG FL CITY - S1 - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE PD V D PORTMAN, JEFFREY NAME 32 NAME Manford Kohn 2858 FLOWING WELL RD. **33 STREET ADDRESS** STREET ADDRESS 248 Westwood Drive DELAND FL CITY-ST-ZIP 34 CITY-ST-ZIP Leesburg, FL 34748 DELETE Change Addition 4.1 TITLE TITLE **VD** D MARCUS, ED 4 2 NAME NAME Marcus, Anne 1502 New Abbey Avenue 1502 NEW ABBEY AVE STREET ADDRESS 4.3 STREET ADDRESS LEESBURG FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Leesburg, FL 34788 Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME SCHAFFER, MICHEAL NAME 33205 COVENTRY DRIVE 5.3 STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE SD 6.1 TITLE NAME MORRIS, NANCY 6.2 NAME 6744 LAKEVIEW DR. 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11901

352-324-3432 Daylime Phone * 0070123 (96/6)

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FILED

Jan 28 1997 8:00am

Secretary of State