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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28363

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/14/1988	4. FEI Number 59-2142219 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SHANKY, AL 9720 FAIRWAY CIR LEESBURG FL 34788	10. Name and Address of New Registered Agent 81 Name EDWARD A. MARCUS 82 Street Address (P.O. Box Number is Not Acceptable) 1502 NEW ABBEY AVE. 83 84 City LEESBURG FL 85 Zip Code 34788
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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: *Edward A. Marcus, Treasurer* DATE: **1/30/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKY, AL	1.2 NAME	
STREET ADDRESS	9720 FAIRWAY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, MICHAEL	2.2 NAME	
STREET ADDRESS	33205 COVENTRY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ED	3.2 NAME	
STREET ADDRESS	1502 NEW ABBEY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKIN, HELEN	4.2 NAME	
STREET ADDRESS	115 AHA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, MANFORD	5.2 NAME	
STREET ADDRESS	248 WESTWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVER, DENNIS	6.2 NAME	
STREET ADDRESS	1112 W MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowers.

SIGNATURE: *Edward A. Marcus* DATE: **1/30/99** (352) 742-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #