

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN 13 PM 1:14

STATE OF FLORIDA



06072005 Chg-NP CR2E037 (10/03)

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| DOCUMENT # N28363 | | | |
| 1. Entity Name CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC. | | | |
| Principal Place of Business 315 N. 13TH ST LEESBURG, FL 34748 | | Mailing Address 934 HAWK LANDING FRUITLAND PARK, FL 34731 | |
| 2. Principal Place of Business | | 3. Mailing Address 315 N. 13th ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Leesburg FL | |
| Zip | Country | Zip | Country |
| 34748 | USA | 34748 | USA |
| 4. FEI Number 59-2142219 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHOLL, JOHN 934 HAWK LANDING FRUITLAND PARK, FL 34731 | | 7. Name and Address of New Registered Agent Name: GLICK, MICHAEL Street Address (P.O. Box Number is Not Acceptable): 4323 Serene Circle City: Fruitland Park FL Zip Code: 34731 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 6/7/05 <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing).</small> | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GLICK, MICHAEL 4323 SERENE CIRCLE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STARK, KENNETH 1813 BANNING BEACH RD TAVARES, FL 32778 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHOLL, JOHN 934 HAWK LANDING FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANDLER, GERALD 4932 Heron Run Circle Leesburg FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEVINE, MICHAEL 33835 Overton Dr Leesburg FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500056215575 06/15/05--01042--025 **70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: | | Michael Glick 6/7/05 352 255 3997 352 75 35222 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

Michael Glick

6/7/05 - (352) 255 3997