2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

02-02-2006 90034 037 ****61.25

DOCUMENT # N28363 1. Entity Name CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.							02-02-2	2000 90	0340	3/ (31.23	
315 N. 13TH ST 315 N.			g Address N. 13TH ST BBURG, FL 34748				60010157					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				-	01302006	Chg-NP	С	R2E037	7 (11/05)	
City & State		City & State										t Applicable
Zip Country		Zip	Žip Ci		intry	5. Certificate of			Status Desired Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	Registered	i Agent				7. Name and	Address of N	ew Regis	tered A	gent	
GLICK, MI	CHAEL				Name							
4323 SERENE CIRCLE FRUITLAND PARK, FL 34731					Street A	ddress (I	P.O. Box Numb	er is Not Accer	otable)			
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					City					FL	Zip Cod	е
	named entity submits this statement filting of registered agent.	or the purpo	se of changing its	registere	ed office or	r register	ed agent, or bo	th, in the State	of Florida	. I am fa	miliar with,	and accept
SIGNATURE .												
	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOTE	: Registered	d Agent signat	ure required	when reinstating)			DATE		
5	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2006	and tale if appli	9. Election Carr Trust Fund C	npaign Fi	inancing	ure required	\$5.00 May B Added to Fees			check	рауable t nent of S	
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D		9. Election Carr	npaign Fi	inancing		\$5.00 May B		Florida	check Departi	nent of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: Panela J. Junga PAMELA J. SINGER TO 1/30 (352) 787-199
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Design Printed Proces