

**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 # **N38485** (1)  
1. Corporation Name  
**CONGREGATION BETH SHALOM OF BRANDON, INC.**



Principal Place of Business: BOX 348 VALRICO FL 33594  
Mailing Address: BOX 348 VALRICO FL 33594

3. Date Incorporated or Qualified: 06/05/1990  
3a. Date of Last Report: 04/20/1995  
4. FEI Number: 59-3026396  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**SNYDER SYNDER, ROBERTA**  
2914 STARMOUNT DR.  
VALRICO FL 33594

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	PD	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERTA	
STREET ADDRESS	2914 STARMOUNT DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFFER, JUDY	
STREET ADDRESS	1314 SEFFNER VALRICO RD.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLED SOE, ROBIN	
STREET ADDRESS	4146 QUAILBRIAR DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	CARM	<input type="checkbox"/> DELETE
NAME	ODY, JOY	
STREET ADDRESS	2613 HAMPTON PARK PLACE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, ALAN	
STREET ADDRESS	3001 SPROWLING OAK	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOEL EDELSON	
2.3 STREET ADDRESS	502 FINGER LAKES PL.	
2.4 CITY-ST-ZIP	SEFFNER, FL 33584	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHERYL FINKE	
3.3 STREET ADDRESS	141 BARKINGTON DR	
3.4 CITY-ST-ZIP	BRANDON, FL 33511	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOY CARMODY	
4.3 STREET ADDRESS	2613 HAMPTON PARK PL	
4.4 CITY-ST-ZIP	SEFFNER, FL 33584	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joy Jayson	
5.3 STREET ADDRESS	2914 Club House Dr.	
5.4 CITY-ST-ZIP	Plant City, FL 33567	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Roberta A Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96  
Date Day/Time Phone #

CR2E037 (12/95)