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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
BOX 348 VALRICO FL 33594 BOX 348 VALRICO FL 33594

3. Date Incorporated or Qualified
06/05/1990
4. FEI Number
59-3026396
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent
81 Name MARK RABINOWITZ
82 Street Address (P.O. Box Number is Not Acceptable) 2006 OAK ISLE CT
83
84 City Valrico FL 85 Zip Code 33594

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 *[Signature]* MARK S. RABINOWITZ 8 Jan 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ROBERTA	1.2 NAME FINKE, SHERYL
STREET ADDRESS	2914 STARMOUNT DR.	1.3 STREET ADDRESS 141 BARRINGTON DRIVE
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP BRANDON FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, JOEL	2.2 NAME
STREET ADDRESS	502 FINGER LAKES PL	2.3 STREET ADDRESS
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKLE, SHERYL	3.2 NAME GLASER, RICHARD
STREET ADDRESS	141 BARRINGTON DRIVE	3.3 STREET ADDRESS 122 CACTUS RD
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP SEFFNER FL
TITLE	CARM (CORRECT) <input type="checkbox"/> DELETE	4.1 TITLE SECRETARY, RECORDING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODY, JOY	4.2 NAME CARNODY, JOY
STREET ADDRESS	2613 HAMPTON PARK PLACE	4.3 STREET ADDRESS 2613 HAMPTON PARK PLACE
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP SEFFNER FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE TREASURER T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYSON, JAY	5.2 NAME MARK RABINOWITZ
STREET ADDRESS	2914 CLUB HOUSE DRIVE	5.3 STREET ADDRESS 2006 OAK ISLE CT
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP VALRICO FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE CORRESPONDING SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME ROGOVIN, ROBIN
STREET ADDRESS		6.3 STREET ADDRESS 3810 COLD CREEK DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP VALRICO FL 33594

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 federal or state 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: MARK S. RABINOWITZ 8 Jan 1998 (813) 685 6700

CR2E037 (10/97)