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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90060 035 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N38485**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/05/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3026396</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>RABINOWITZ, MARK</b> <b>2006 OAK ISLE CT</b> <b>VALRICO FL 33594</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINKE, SHERYL</b>	1.2 NAME	<b>BRUCE SPERRY</b>
STREET ADDRESS	<b>141 BARRINGTON DR</b>	1.3 STREET ADDRESS	<b>1902 N GOLFVIEW DR</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	1.4 CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELSON, JOEL</b>	2.2 NAME	
STREET ADDRESS	<b>502 FINGER LAKES PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASER, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>122 CACTUS RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMODY, JOY</b>	4.2 NAME	
STREET ADDRESS	<b>2613 HAMPTON PARK PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABINOWITZ, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>2006 OAK ISLE CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGOVIN, ROBIN</b>	6.2 NAME	
STREET ADDRESS	<b>3810 COLD CREEK DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	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 empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/21/99** DAYTIME PHONE #: **813.685-6700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARK S. RABINOWITZ**

CR2E037 (11/98)