

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90006 022 \*\*\*\*70.00

DOCUMENT # N42294

Corporation Name  
CONGREGATION SHALOM YISRAEL, INC.

Principal Place of Business  
00 COLUMBUS WAY  
ONGWOOD FL 32750-6507

Mailing Address  
700 COLUMBUS WAY  
LONGWOOD FL 32750-6507



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1991	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3058440	
City & State		27 City & State		Applied For Not Applicable	
Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERMISON, HARVEY 700 COLUMBUS WAY LONGWOOD FL 32750				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

I. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	PERMISON, HARVEY	1.2 NAME	
REET ADDRESS	700 COLUMBUS WAY	1.3 STREET ADDRESS	
Y-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HOLLAND, GEORGE	2.2 NAME	
REET ADDRESS	210 NUN ST	2.3 STREET ADDRESS	
Y-ST-ZIP	WILMINGTON NC	2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	KEYES, JERRY	3.2 NAME	
REET ADDRESS	526 EMERALD RD	3.3 STREET ADDRESS	
Y-ST-ZIP	OCALA, FL	3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)