FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000066 (0)

1. Corporation Name

BETH RACHAMEEM SYNAGOGUE, INC.

Principal Place of Business	Mailing Address
2904 CONCORDIA AVE APT 108 TAMPA FL 33609 US	1222 SOUTH DALE MABRY BOX 609 TAMPA FL 33629 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3225594 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2904 CONCORDIA AVE.	26
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL.	City & State 28
Zip / Country 24 33609 / 25 US	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KROUK, MARILYN
5300 BAYSHORE BLVD #C-6
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: KROUK, MARILYN
82 Street Address (P.O. Box Number is Not Acceptable): 3460 COUNTRYSIDE BLVD.
83 # 39
84 City: CLEARWATER FL 85 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marilyn Krouk — 4/18/95
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		
TITLE	D	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	APPLEFELD, JANET	1.2 NAME	SUSAN HASSARSKY	
STREET ADDRESS	2656 MCMULLEN BOOTH RD APT 225	1.3 STREET ADDRESS	351 GLOUCESTER ST.	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
TITLE	D	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	CHODOROV, RANDI	2.2 NAME	MARILYN KROUK	
STREET ADDRESS	5708 NORTH SUWANEE AVE	2.3 STREET ADDRESS	3460 COUNTRYSIDE BLVD. #39	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE	DP	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	EGGELING, KAREN	3.2 NAME	JEFF GRADY	
STREET ADDRESS	5300 BAYSHORE BLVD #C-6	3.3 STREET ADDRESS	2207 CAROLINA AVE. S. #4	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	DS	4.1 TITLE	DT	☑ Change ☐ Addition
NAME	KROUK, MARILYN	4.2 NAME	VICKY HARRISON	
STREET ADDRESS	5300 BAYSHORE BLVD #C-6	4.3 STREET ADDRESS	709 RUSSELL LN. #221	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	BRANDON, FL. 33510	
TITLE	D	5.1 TITLE	BRIAN PEIPER D	☐ Change ☑ Addition
NAME	GRAND, LAURIE	5.2 NAME		
STREET ADDRESS	5708 NORTH SUWANNEE AVE	5.3 STREET ADDRESS	4835 BURLINGTON AVE.	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33713	
TITLE	DT	6.1 TITLE	D	☐ Change ☑ Addition
NAME	SERONICK, CHERYL	6.2 NAME	BRENDA SIMPSON	
STREET ADDRESS	16127 SAGABRUSH RD	6.3 STREET ADDRESS	3817 CREEKWAY CT.	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	PLANT CITY FL 33567	

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: Marilyn Krouk — Marilyn Krouk — 4/18/95 — (813) 785-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #