

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000066 (0)

1. Corporation Name

BETH RACHAMEEM SYNAGOGUE, INC.



Principal Place of Business

Mailing Address

2904 CONCORDIA AVE  
APT 908  
TAMPA FL 33609  
US1222 SOUTH DALE MABRY  
BOX 609  
TAMPA FL 33629-5009  
US3. Date Incorporated or Qualified  
12/28/19933a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 719 Arlington Ave N

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

City &amp; State

23 St. Petersburg, FL

27

Zip

Country

Zip

Country

24 33701-36215 Pinellas

29

30

4. FEI Number

59-3225594

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROUK, MARILYN  
3460 COUNTRYSIDE BLVD.  
#39  
CLEARWATER FL 34621

81 Name

Gail Forbes

82 Street Address (P.O. Box Number is Not Acceptable)

2235 59th Ave N

83

84 City

St. Petersburg

FL

85 Zip Code

33714

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

GAIL FORBES

(NOTE: Registered Agent signature required when reinstating)

2-21-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME KROUK, MARILYN  
STREET ADDRESS 3460 COUNTRY SIDE BLVD #39  
CITY-ST-ZIP CLEARWATER FLTITLE DV ☒ DELETE  
NAME PEIPER, BRIAN  
STREET ADDRESS 4835 BURLINGTON AVE  
CITY-ST-ZIP ST PETERSBURG FLTITLE PS ☒ DELETE  
NAME BRADY, JEFF  
STREET ADDRESS 2207 CAROLINA AVE. S. #4  
CITY-ST-ZIP TAMPA FLTITLE DT ☒ DELETE  
NAME HUMPHREY, GARY  
STREET ADDRESS 635 2ND AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG FLTITLE D ☒ DELETE  
NAME MASSARSKY, SUSAN  
STREET ADDRESS 381 GLOUCESTER ST  
CITY-ST-ZIP SAFETY HARBOR FLTITLE D ☒ DELETE  
NAME BRADY, JEFF  
STREET ADDRESS 2207 CAROLINA AVE S #4  
CITY-ST-ZIP TAMPA FL1.1 TITLE President/D ☐ Change ☒ Addition  
1.2 NAME Ed Weismann  
1.3 STREET ADDRESS 3909 Palmira Avw W, Tampa, FL 33629  
1.4 CITY-ST-ZIP2.1 TITLE Vice President/D ☐ Change ☒ Addition  
2.2 NAME Morris SHapero  
2.3 STREET ADDRESS 1 Beach Dr, St. Pete, FL 33701  
2.4 CITY-ST-ZIP3.1 TITLE Gail Forbes ☐ Change ☒ Addition  
3.2 NAME 2235 50th Ave N  
3.3 STREET ADDRESS St. Pete, FL 33714  
3.4 CITY-ST-ZIP Treasurer/D4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

GAIL FORBES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

Date

813-527-4123

Daytime Phone # 0048843

CH037 (9/96)