

FILE NOW: FILING FEE IS \$61.25

AMENDED \$61.25

FILED

97 JUL 23 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KPC  
7/24

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9400000066

1. Corporation Name

Beth Rachameem Synagogue, Inc.

Principal Place of Business	Mailing Address
719 Arlington Avenue N St. Petersburg, FL 33701	1222 South Dale Mabry Box 609 Tampa, FL 33629

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 719 Arlington Ave N	26 719 Arlington Avenue N	12/28/93	1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3225594	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 St. Petersburg, FL	28 St. Petersburg, FL	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33701	29 33701	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 US	30 US		

9. Name and Address of Current Registered Agent

Gail Forbes  
2235 50th Avenue N  
#39  
St. Petersburg, FL 33714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Weismann	1.2 NAME	300002246213--6
STREET ADDRESS	3909 Apolmira Ave W	1.3 STREET ADDRESS	-07/24/97--01004--004
CITY-ST-ZIP	Tampa, FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris Shapero	2.2 NAME	
STREET ADDRESS	1 Bch Dr	2.3 STREET ADDRESS	719 Arlington Avenue N
CITY-ST-ZIP	St. Petersburg, FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Forbes	3.2 NAME	
STREET ADDRESS	2235 50th Ave N.	3.3 STREET ADDRESS	719 Arlington Avenue N.
CITY-ST-ZIP	St. Petersburg, FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert L. Singer
STREET ADDRESS		4.3 STREET ADDRESS	719 Arlington Avenue N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dennis Moreno
STREET ADDRESS		5.3 STREET ADDRESS	719 Arlington, Avenue N
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert L. Singer Robert L. Singer 7/21/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Treasurer

CR2E037 (9/96)