

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000066 (0)**

1. Corporation Name

BETH RACHAMEEM SYNAGOGUE, INC.



Principal Place of Business	Mailing Address
719 ARLINGTON AVE N. APT 908 ST. PETERSBURG FL 33701-3621 US	719 ARLINGTON AVE N. APT 908 ST. PETERSBURG FL 33701-3621 US

2. Principal Place of Business	2a. Mailing Address
21 719 ARLINGTON AVE N Suite, Apt. #, etc.	26 719 ARLINGTON AVE N Suite, Apt. #, etc.
22 City & State	27 City & State
23 ST. PETERSBURG, FL	28 ST. PETERSBURG, FL
24 Zip 33701-3621	29 Zip 33701-3621
25 Country Pinellas	30 Country Pinellas

3. Date Incorporated or Qualified	4. FEI Number	Applied For
12/28/1993	59-3225594	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
GAIL FORBES 2235 50TH AVE. N. #39 ST. PETERSBURG FL 33714	

10. Name and Address of New Registered Agent	
81 Name	Drakeford & Drakeford, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)	2212 E. 4th Avenue
83	
84 City	Tampa
85 Zip Code	FL 33605

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. **WALTER H.C. DRAKEFORD**
SIGNATURE *[Signature]* SENIOR MANAGING PARTNER 4/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MORRIS XX	1.2 NAME	BRIAN PEIPER
STREET ADDRESS	719 ARLINGTON AVE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, GAIL	2.2 NAME	SUSAN MASSARSKY
STREET ADDRESS	719 ARLINGTON AVE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, ROBERT L	3.2 NAME	
STREET ADDRESS	719 ARLINGTON AVE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MORRIS XX	4.2 NAME	JAN SCHAMIS
STREET ADDRESS	719 ARLINGTON AVE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: *[Signature]* JAN SCHAMIS 4/24/98

CR2E037 (10/97)