


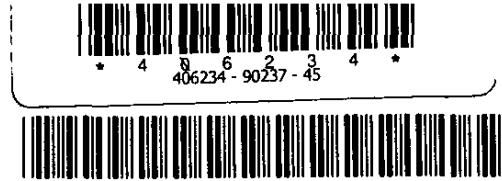
FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
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04-23-1999 90237 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000066					
1. Corporation Name BETH RACHAMEEM SYNAGOGUE, INC.					
Principal Place of Business 719 ARLINGTON AVE N. ST. PETERSBURG FL 33701-3621 US			Mailing Address 719 ARLINGTON AVE N. ST. PETERSBURG FL 33701-3621 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/28/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3225594	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRAKEFORD & DRAKEFORD P A 2212 E 4TH AVE TAMPA FL 33605				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE NAME PEPER, BRIAN STREET ADDRESS 719 ARLINGTON AVE N. CITY-ST-ZIP ST. PETERSBURG FL 33701				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MORENO, DENNIS D 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VD <input checked="" type="checkbox"/> DELETE NAME WISNISKY, SUSAN STREET ADDRESS 719 ARLINGTON AVE N. CITY-ST-ZIP ST. PETERSBURG FL 33701				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME KRAUT, ANNETTE M 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> DELETE NAME SINGER, ROBERT L STREET ADDRESS 719 ARLINGTON AVE N. CITY-ST-ZIP ST. PETERSBURG FL 33701				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE SD <input checked="" type="checkbox"/> DELETE NAME SCHAMIS, JANK STREET ADDRESS 719 ARLINGTON AVE N. CITY-ST-ZIP ST. PETERSBURG FL 33701				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME SCHEINER, STEPHEN I 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Dennis D. Moreno DENNIS D. MORENO, PRESIDENT 04/20/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)