I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAREN EVANS

City-State-Zip: CLEARWATER FL 33761

Electronic Signature of Signing Officer/Director Detail

DR.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	8 8 8			
Officer/Director Detail :				
Title	TREASURER	Title	DIRECTOR	
Name	SHEPARD, STEVEN	Name	ORLOFF, STACY	
Address	1492 RIDGE TOP WAY	Address	2640 ST. ANDREWS	
City-State-Zip:	CLEARWATER FL 33765	City-State-Zip:	CLEARWATER FL	
Title	PRESIDENT			
The	TRESIDENT			
Name	EVANS, CAREN			
Address	2805 MEADOW HILL DRIVE NORTH			

Electronic Signature of Registered Agent

Current Principal Place of Business: 1325 S. BELCHER RD. CLEARWATER, FL 33764

Current Mailing Address:

1325 S. BELCHER RD. CLEARWATER, FL 33764 US

FEI Number: 59-1290855

Name and Address of Current Registered Agent:

Entity Name: CONGREGATION BETH SHALOM

SHANE, MICHAEL 104 ANNWOOD DR. PALM HARBOR, FL 34685 US

SIGNATURE:

FILED Jan 24, 2022 Secretary of State 3046867631CC

Certificate of Status Desired: No

VS CIRCLE 33761

PRESIDENT

01/24/2022

Date

Date