

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004398

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC8822965224**

**Entity Name:** CONGREGATION MEKOR SHALOM, INC.

**Current Principal Place of Business:**

14005 A NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

**Current Mailing Address:**

14005 A NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618 US

**FEI Number:** 46-2874839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHULMAN, CHRISTOPHER M ESQ.  
5111 EHRLICH ROAD, SUITE 120  
TAMPA, FL 33624 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SHULMAN, CHRIS  
Address        4012 GUNN HIGHWAY #100  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR, SECRETARY  
Name            MARLOW, SUSAN  
Address        14005 A NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title            TREASURER, DIRECTOR  
Name            WERTHEIM, BRUCE  
Address        14005 A NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR, VP  
Name            HATFIELD, YAEL  
Address        14005 A NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: TAMPA FL 33618

*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:** CHRISTOPHER SHULMAN

**PRESIDENT**

**03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date