

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708808

FILED
Feb 10, 2005
Secretary of State

Entity Name: CONGREGATION SCHAARAI ZEDEK, INC.

Current Principal Place of Business:

3303 W. SWANN AVE.
TAMPA, FL 336094643 US

New Principal Place of Business:

Current Mailing Address:

3303 W. SWANN AVE.
TAMPA, FL 336094643 US

New Mailing Address:

FEI Number: 59-1394424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, BRAD M
3303 W SWANN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARBER, DEBORAH
Address: 16202 SENTRY WOODS CT
City-St-Zip: TAMPA, FL 33556 US

Title: TD () Delete
Name: KATZ, WENDY
Address: 16305 VILLARREAL DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: ROSENBAACH, ANN
Address: 2903 S BEACH DR
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRAD M. SEGAL

ED

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date