


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 708808
 1. Entity Name
CONGREGATION SCHAARAI ZEDEK, INC.



Principal Place of Business 3303 W. SWANN AVE. TAMPA, FL 33609-4643 US	Mailing Address 3303 W. SWANN AVE. TAMPA, FL 33609-4643 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1394424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KEIGHLEY, BARBARA J
 3303 W SWANN AVE
 TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFSON, MARK J 5120 WEST NEPTUNE WAY TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENFELD, MARK 8185 DELAWARE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADLER, JOAN 16201 GLENURY CT TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000588421
 01/17/07-80072-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Keighley* **1-11-07** **813-876-2377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #