2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005838

FILED Apr 17, 2009 Secretary of State

Entity Name: CONGREGATION SHAAREI KODESH OF BOCA RATON, INC.

Current Principal Place of Business: New Principal Place of Business:

19785 HAMPTON DR

BOCA RATON, FL 33434 US

Current Mailing Address: New Mailing Address:

19785 HAMPTON DR

BOCA RATON, FL 33434 US

FEI Number: 20-1284887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MURSTEIN, MARJORIE 2297 NW 55TH ST

BOCA RATON, FL 33496 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:

Flateria Circular FD video I Arrel

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 VP/D
 (X) Change () Addition

 Name:
 PESSAH, AMY
 Name:
 PESSAH, AMY

 Address:
 22184 WOODSET LN
 Address:
 22184 WOODSET LN

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:
 BOCA RATON, FL 33428

 Title:
 P/D () Delete
 Title:
 D (X) Change () Addition

 Name:
 BENDER, DOUGLAS A
 Name:
 BENDER, DOUGLAS A

 Address:
 2464 NW 59TH ST
 Address:
 2464 NW 59TH ST

 City-St-Zip:
 BOCA RATON, FL 33496
 City-St-Zip:
 BOCA RATON, FL 33496

Title: V/D () Delete Title: P/D (X) Change () Addition

Name: KATZ, NICOLE Name: KATZ, NICOLE

Address: 9509 NEW WATERFORD CR
City-St-Zip: DELRAY BEACH, FL 33446

Address: 9509 NEW WATERFORD CR
City-St-Zip: DELRAY BEACH, FL 33446

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Name: LIPSITZ, BERNARD D Name: LEVINE, LEONARD

Address: 7572 REGENCY LAKES DR APT C-301 Address: 10085 LEXINGTON ESTATES BLVD.

City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNARD D. LIPSITZ D 04/17/2009