

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 21 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham, Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N15164 (9)  
 1. Corporation Name  
 CONGREGATION BETH AM OF TAMPA, INC.



Principal Place of Business Mailing Address  
 2030 W FLETCHER AVE 2030 W FLETCHER AVE  
 TAMPA F 33612 TAMPA FL 33612  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/07/1986	09/20/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2678553	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIS, PAUL 13054 VILLAGE CHASE CIRCLE TAMPA FL 33624				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>DV <del>PAUL</del> VICE PRES.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZEN, ELLEN	1.2 NAME	LEWIS, KATZ
STREET ADDRESS	18209 LAKE MAGDALENE BLVD	1.3 STREET ADDRESS	8810 HEATHER GLEN COURT
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	TAMPA FL 33647
TITLE	<i>DV</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNHILD, GOLDA	2.2 NAME	
STREET ADDRESS	501 RIVERA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	<i>DV</i> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>DV VICE PRES</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIROT, GERSON	3.2 NAME	ROBERT WINTERS
STREET ADDRESS	9481 HIGHLAND OAKS DR #1502	3.3 STREET ADDRESS	14740 LAKE MAGDALENE CIRCLE
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	<i>DV</i> <input type="checkbox"/> DELETE	4.1 TITLE	<i>DV PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, RUTH	4.2 NAME	
STREET ADDRESS	4318 HONEY VISTA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	
TITLE	<i>DT</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAUL	5.2 NAME	
STREET ADDRESS	13054 VILLAGE CHASE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	
TITLE	<i>D</i> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, BARRY	6.2 NAME	
STREET ADDRESS	11111 CARROLLWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED

CR2E037 (4/97)