

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90047 006 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15164

1. Corporation Name

CONGREGATION BETH AM OF TAMPA, INC.

Principal Place of Business

2030 W FLETCHER AVE  
TAMPA F 33612  
US

Mailing Address

2030 W FLETCHER AVE  
TAMPA FL 33612  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/07/1986

4. FEI Number

59-2678553

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, PAUL  
13054 VILLAGE CHASE CIRCLE  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name SEAN KESSLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
15304 HIDDEN ARBOR CT.  
83 ODESSA  
84 City  
85 Zip Code FL 33556

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

*[Signature]*

6-2-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEWIS, KATZ	
STREET ADDRESS	8810 HEATHER GLEN CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BRUNHILD, GOLDA	
STREET ADDRESS	3401 VALENCIA ROAD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, ROBERT	
STREET ADDRESS	14740 LAKE MAGDELENE CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, RUTH	
STREET ADDRESS	4318 HONEY VISTA CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, PAUL	
STREET ADDRESS	13054 VILLAGE CHASE CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENNETH VOLUNG	
1.3 STREET ADDRESS	1705 CAPE BEND AVENUE	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEAN KESSLER	
2.3 STREET ADDRESS	15304 HIDDEN ARBOR CT.	
2.4 CITY-ST-ZIP	ODESSA, FL 33556	
3.1 TITLE	RON BARUCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RON BARUCH	
3.3 STREET ADDRESS	15008 Redcliff Dr.	
3.4 CITY-ST-ZIP	TAMPA, FL 33625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99 (813)968-8511  
Date Daytime Phone #

CR2E037 (11/98)