


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 044 ****70.00

DOCUMENT # N15164
 1. Entity 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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

70000001



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2678553

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARTOON, MICHAEL N
6214 IRAQUOIS COURT
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **6214 IRAQUOIS CT**
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTOON, MICHAEL N 6214 IRAQUOIS COURT ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARTOON, MICHAEL N. (T/D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AAENG, LESLEY R 6519 GRAZING LANE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AAENG, LESLEY R. (T/D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP KAUFMANN, LILI 11111 CARTOLLWOOD DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KAUFMANN, LILI (T/D) 11111 CARROLLWOOD DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE FRIEDMON, CATHY 508 MONTROSE AVENUE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRIEDMAN, CATHY (T/D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGER, HAROLD 29432 ALLEGRO DRIVE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIEGLER, HAROLD (T/D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIER, ARTHUR 12115 GLENCLIFF CIRLCE TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MEIER, ARTHUR (T/D)

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: *[Signature]* **Treasurer** **1/18/06 (813)920-8930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #