

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90260 015 \*\*\*\*61.25

**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

**50000162**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State  
**TAMPA, FL**

City & State

4. FEI Number  
 59-2678553

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTOON, MICHAEL N  
 6214 IRAQUOIS COURT  
 ODESSA, FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

**6214 IRAQUOIS COURT**

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 \_\_\_\_\_

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

(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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTOON, MICHAEL N	
STREET ADDRESS	6214 IRAQUOIS COURT	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TP	<input type="checkbox"/> Delete
NAME	AAENG, LESLEY R	
STREET ADDRESS	6519 GRAZING LANE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAUFMANN, LILI	
STREET ADDRESS	11111 CARTOLLWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, CATHY	
STREET ADDRESS	508 MONTROSE AVENUE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIEGER, HAROLD	
STREET ADDRESS	29432 ALLEGRO DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEIER, ARTHUR	
STREET ADDRESS	12115 GLENCLIFF CIRLCE	
CITY-ST-ZIP	TAMPA, FL 33626	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1111 CARROLLWOOD DRIVE	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	TEMPLE TERRACE FL 33617	
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12115 GLENCLIFFE CIRCLE	
CITY-ST-ZIP		

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 or 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:** Michael N. Cartoon **Michael N. CARTOON** 1/6/07 813-920-8930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

~~50000/62~~  
~~# N15164~~

Congregation Beth Am of Tampa, Inc.  
FEI 59-2678553

11. CONTINUED

Addition  
Title: V/D  
Name: Oberbroeckling, Deanna  
Street Address: 639 Gillette Avenue  
City-ST-ZIP: Temple Terrace, FL 33617

Addition  
Title: V/D  
Name: Friedman, Lisa  
Street Address: 5710 Clouds Peak Drive  
City-ST-ZIP: Lutz, FL 33558

Addition  
Title: S/D  
Name: Falkowitz, Steven  
Street Address: 4960 Ebensburg Drive  
City-ST-ZIP: Tampa, FL 33647

Addition  
Title: S/D  
Name: Conley, Deborah L.  
Street Address: 14905 N. Rome Avenue  
City-ST-ZIP: Tampa, Fl 33613