


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90013 006 \*\*\*\*61.25

<b>DOCUMENT # N15164</b>			
1. Entity Name CONGREGATION BETH AM OF TAMPA, INC.			
Principal Place of Business 2030 W FLETCHER AVE TAMPA, FL 33612 US		Mailing Address 2030 W FLETCHER AVE TAMPA, FL 33612 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082008 Chg-NP CR2E037 (12/06)

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		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: *Michael N. Cartoon* Michael N. CARTOON Treasurer 1/8/08  
 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, 2008**

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	P/D CATHY FRIEDMAN 508 MONTROSE AVE. TEMPLE TERRACE, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AAENG, LESLEY R 6519 GRAZING LANE ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID STEVEN FRIEDMAN 5710 CLOUDS PEAK DR. LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMANN, LILI 1111 CARROLWOOD DR TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID LARRY J ASPER 23532 VISTAMAR CT. LAND O LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, CATHY 508 MONTROSE AVENUE TEMPLE TERRACE, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID EILEEN POILEY 9718 FOXCHAPEL RD. TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIEGER, HAROLD 29432 ALLEGRO DRIVE WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID DEBORAH CONLEY 14905 N ROME AVE. TAMPA, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEIER, ARTHUR 12115 GLENCLIFFE CIRCLE TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVYN TOCKMAN 5033 WESLEY DR. TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Michael N. Cartoon* 1/8/08 813-920-8930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document # N15164 ATTACHMENT  
Congregation Beth Am of Tampa, Inc

40612321

# 11 (cont.)

S/D

ADD

LARRY WASSERBERGER  
10726 DRUMMOND RD  
TAMPA, FL 33615

S/D

ADD

MADELYN DAVIDSON  
20321 Mid Court  
LUTZ, FL 33558