

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15164

FILED
Jan 28, 2009
Secretary of State

Entity Name: CONGREGATION BETH AM OF TAMPA, INC.

Current Principal Place of Business:

2030 W FLETCHER AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

2030 W FLETCHER AVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2678553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTOON, MICHAEL N
6214 IROQUOIS COURT
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

FALKOWITZ, STEVEN J
4960 EBENSBURG DRIVE
TAMPA, FL 33647 US

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.

SIGNATURE: STEVEN J. FALKOWITZ

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRIEDMAN, CATHY
Address: 508 MONTROSE AVE
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: FRIEDMAN, STEVE
Address: 5710 CLOUDS PEAK DR
City-St-Zip: LUTZ, FL 33558

Title: VD () Delete
Name: JASPER, LARRY
Address: 23532 VISTAMAR CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VD () Delete
Name: POILEY, EILEEN
Address: 9718 FOXCHAPEL RD
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: CONLEY, DEBORAH
Address: 14905 N ROHE AVE
City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: TOCKMAN, MELVYN
Address: 5033 WESLEY DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY FRIEDMAN

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date