

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15164

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC0461447488**

**Entity Name:** CONGREGATION BETH AM OF TAMPA, INC.

**Current Principal Place of Business:**

2030 W FLETCHER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

2030 W FLETCHER AVE  
TAMPA, FL 33612 US

**FEI Number:** 59-2678553

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHREIBER, MATTHEW  
20005 LOMOND LANE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name POILEY, EILEEN  
Address 9718 FOXCHAPEL ROAD  
City-State-Zip: TAMPA FL 33647

Title T  
Name SCHREIBER, MATTHEW  
Address 20005 LOMOND LANE  
City-State-Zip: TAMPA FL 33647

Title V  
Name FRIEDMAN, ROBERT DR  
Address 508 MONTROSE AVENUE  
City-State-Zip: TEMPLE TERRAVE FL 33617

Title V  
Name BURSTEN, MINDY  
Address 212 NORTH GLEN ARVIN AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title V  
Name ORKIN, MILTON  
Address 1222 TERRA MAR DRIVE  
City-State-Zip: TAMPA FL 33613

Title V  
Name CORNING, SUE ELLEN  
Address 21142 LAKE VIENNA DRIVE  
City-State-Zip: LAND O LAKES FL 34638

*I hereby 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 all other like empowered.*

**SIGNATURE: MATTHEW SCHREIBER**

**TREASURER**

**02/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date