

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15164

**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:**

HUNEYCUTT, NEAL  
5304 CLOUDS PEAK DRIVE  
LUTZ, FL 33558 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:** NEAL HUNEYCUTT

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP OF COMMUNICATIONS  
Name FRIEDMAN, CATHY  
Address 508 MONTROSE AVE  
City-State-Zip: TEMPLE TERRACE FL 33617-3863

Title ADMINISTRATIVE DIRECTOR OF OPERATIONS  
Name CAIN-STULL, HELEN VICTORIA  
Address PO BOX 544  
City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title PRESIDENT  
Name BOWEN, DEBORAH  
Address 2049 PARK CRESCENT DRIVE  
City-State-Zip: LAND O LAKES FL 34639

Title PAST PRESIDENT  
Name GAMSON, MICHAEL  
Address 12008 TREVINO PL  
City-State-Zip: TAMPA FL 33624

Title VP FACILITIES  
Name BOWMAN, SHERYL  
Address PO BOX 1515  
City-State-Zip: LUTZ FL 33548

Title VP MEMBERSHIP  
Name CARROLL, ELIZABETH  
Address 1884 TALLULAH TERRACE  
City-State-Zip: WESLEY CHAPEL FL 33543

Title VP RITUAL & EDUCATION  
Name PHILLIPS, SARAH  
Address 103 W FLORA STREET  
City-State-Zip: TAMPA FL 33604

Title FINANCIAL SECRETARY  
Name FRIEDMAN, ROBERT DR.  
Address 508 MONTROSE AVE  
City-State-Zip: TEMPLE TERRACE FL 33617-3863

*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:** HELEN VICTORIA CAIN-STULL

**DIRECTOR OF OPERATIONS**

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date