

**2021 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

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HUNEYCUTT, NEAL  
Address        5304 CLOUDS PEAK DRIVE  
City-State-Zip: LUTZ FL 33558

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

Title           VP - FACILITIES  
Name           KAUFMANN, PETER  
Address        810 WARREN ROAD  
City-State-Zip: LUTZ FL 33548

Title           OFFICE ADMINISTRATOR  
Name           CAIN-STULL, HELEN VICTORIA  
Address        PO BOX 544  
City-State-Zip: HOMOSASSA SPRINGS FL 34447

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

Title           VP - DEVELOPMENT  
Name           PEIKIN, SUZANNE  
Address        15113 BALD EAGLE STREET  
City-State-Zip: TAMPA FL 33625

Title           VP - MEMBERSHIP AND GROWTH  
Name           FRIEDMAN, ROBERT  
Address        508 MONTROSE AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

*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 CAIN-STULL

OFFICE ADMINISTRATOR 02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date