

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15164

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC0946131668**

**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:**

FRIEDMAN, ROBERT DR.  
508 MONTROSE AVENUE  
TEMPLE TERRACE, FL 33617 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:** DR. ROBERT FRIEDMAN

01/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FRIEDMAN, ROBERT DR.  
Address        508 MONTROSE AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

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

Title           PRESIDENT  
Name           JASPER, LARRY  
Address        23532 VISTAMAR COURT  
City-State-Zip: LAND O LAKES FL 34639

Title           VP  
Name           COHEN, ANDREW  
Address        8724 TANTALLON CIRCLE  
City-State-Zip: TAMPA FL 33647

Title           VP  
Name           COHN, PATTY  
Address        7903 HAMPTON LAKE DRIVE  
City-State-Zip: TAMPA FL 33647

Title           VP  
Name           FELDMAN, ALLAN  
Address        1016 E CLIFTON STREET  
City-State-Zip: TAMPA FL 33604

Title           VP  
Name           RINNER, RON  
Address        6305 SONGBIRD WAY  
City-State-Zip: TAMPA FL 33625

*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:** DR. ROBERT FRIEDMAN

**TREASURER**

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date