


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90252 019 ****61.25

DOCUMENT # 718825 1. Entity Name BETH YOSEPH CHAIM CONGREGATION, INC.	
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Principal Place of Business 843 MERIDIAN AVE MIAMI BEACH, FL 33139-5717	Mailing Address C/O ROBERT HERMAN SUITE 109 PLANTATION, FL 33324
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24052782



04052004 00000000 000000000000

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4. FEI Number 59-1619321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 0000000000 0000000000
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6. Name and Address of Current Registered Agent HERMAN, ROBERT M P.A. 8751 W. BROWARD BLVD SUITE 109 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROZENCWAIG, DON 843 MERIDIAN AVE MIAMI BEACH, FL 331395717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROZENCWAIG, ANNA 843 MERIDIAN AVE MIAMI BEACH, FL 331395717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERMAN, JUDITH 843 MERIDIAN AVE MIAMI BEACH, FL 331395717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAPIRO, REBECCA 843 MERIDIAN AVE MIAMI BEACH, FL 331395717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JUDITH HERMAN	4-20-04 254 617-0000
	Date	Daytime Phone #