

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 036 ****61.25

DOCUMENT # 718825

1. Entity Name
BETH YOSEPH CHAIM CONGREGATION, INC.



Principal Place of Business
**843 MERIDIAN AVE
MIAMI BEACH, FL 33139-5717**

Mailing Address
**C/O ROBERT HERMAN
8751 W BROWARD BLVD, STE 106
PLANTATION, FL 33324**

00017003



2. Principal Place of Business
8551 W. Sunrise Blvd.

3. Mailing Address
**c/o Robert Herman
Suite 102
8551 W. Sunrise Blvd.**

04192006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

8551 W. Sunrise Blvd.

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
59-1619321

Applied For
Not Applicable

Zip
33322

Country

Zip
33322-4007

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, ROBERT M P.A.
8751 W BROWARD BLVD, STE 106
PLANTATION, FL 33324**

Name
Herman, Robert M P.A.

Street Address (P.O. Box Number is Not Acceptable)
8551 W. Sunrise Blvd.

Suite 102

City
Plantation

FL

Zip Code
33322-4007

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

[Signature]

ROBERT M. HERMAN

4/26/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROZENCWAIG, DON
843 MERIDIAN AVE
MIAMI BEACH, FL 331395717** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROZENCWAIG, DON
8551 W. Sunrise Blvd, Suite 102
Plantation, FL 33322** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HERMAN, JUDITH
843 MERIDIAN AVE
MIAMI BEACH, FL 331395717** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8551 W. Sunrise Blvd, Suite 102
Plantation, FL 33322** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHAPIRO, REBECCA
843 MERIDIAN AVE
MIAMI BEACH, FL 331395717** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8551 W. Sunrise Blvd, Suite 102
Plantation, FL 33322** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 954-617-7000
Date Daytime Phone #