

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724395

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CORAL SPRINGS HEBREW CONGREGATION, INC.

**Current Principal Place of Business:**

2151 RIVERSIDE DR.  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

2151 RIVERSIDE DR.  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 59-1648723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUM, STUART  
C/O CORAL SPRINGS HEBREW CONGREGATION, INC.  
2151 RIVERSIDE DR.  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STUART, BLUM  
Address: 6629 NW 97TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: T ( ) Delete  
Name: GOLDSTEIN, STEPHEN  
Address: 10868 CYPRESS GLEN DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD ( ) Delete  
Name: KAREN, BALL  
Address: 11858 NW 11TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KARPELES, RICHARD  
Address: 11782 NW 2ND COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STUART BLUM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/04/2008

\_\_\_\_\_  
Date