


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 010 \*\*\*\*61.25

<b>DOCUMENT # 729516</b>	
1. Entity Name CONGREGATION OF BETH EL	

Principal Place of Business 2815 N. FLAGLER DR. W PALM BEACH, FL 33407 US	Mailing Address 2815 N. FLAGLER DR. W PALM BEACH, FL 33407 US
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**94076241**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent RAPAPORT, ROBERT D 740 S COUNTY RD. WEST PALM BEACH, FL 33407	
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7. Name and Address of New Registered Agent	
Name	Lennard Kligler
Street Address (P.O. Box Number is Not Acceptable)	2717 Seneca Cir
City	West Palm Beach FL Zip Code 33409

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:  PRES LENNARD J. KLIGLER DATE: 4/20/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: PENNER, PHYLLIS STREET ADDRESS: 7726 S FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE: P NAME: BARRISH, ESTHER STREET ADDRESS: 1807 EMBASSY DR. #102 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE: VD NAME: LAGNADO, DAVID STREET ADDRESS: 2162 TIGRIS DR. CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE: V NAME: RAPAPORT, ROBERT D STREET ADDRESS: 1807 EMBASSY DR. #102 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE: T NAME: GUITENPLAN, ART STREET ADDRESS: 2761 VILLAGE BLVD CITY-ST-ZIP: WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: Lennard J. Kligler STREET ADDRESS: 2717 Seneca Cir. CITY-ST-ZIP: West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Linda Stoch STREET ADDRESS: 104 Vintage Isle Lane CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Arlene Davis STREET ADDRESS: 136 Vintage Isle Lane CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Lee Berman STREET ADDRESS: 2758 Rhone Drive CITY-ST-ZIP: Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Norman Taplin STREET ADDRESS: 2535 Embassy Drive CITY-ST-ZIP: West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Helene H. Cohen STREET ADDRESS: 873 Lakeside Drive CITY-ST-ZIP: North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:  DATE: 4/20/04 DAYTIME PHONE #: 561-893-0339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR