


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-28-2003 90145 047 ***61.25

DOCUMENT # 729516

1. Entity Name
CONGREGATION OF BETH EL



Principal Place of Business Mailing Address

**2815 N. FLAGLER DR.
W PALM BEACH FL 33407
US**

**2815 N. FLAGLER DR.
W PALM BEACH FL 33407
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-6045467** Applied For

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

Not Applicable



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**RAPAPORT, ROBERT D
740 S COUNTY RD.
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PENNER, PHYLLIS	
STREET ADDRESS	7726 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRISH, ESTHER	
STREET ADDRESS	1807 EMBASSY DR. #102	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COREN-SAPPAN, HELENE	
STREET ADDRESS	873 LAKESIDE DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAPAPORT, ROBERT D	
STREET ADDRESS	1807 EMBASSY DR. #102	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTENPLAN, ART	
STREET ADDRESS	2781 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GILL, DAVID	
STREET ADDRESS	1105 GREEN PINE BLVD. #D2	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LAGNADO	
STREET ADDRESS	2161 TIGRIS DR.	
CITY-ST-ZIP	W. PALM BEACH, FL. 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037(10/02)

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: _____ **SIGNATURE REQUIRED** Date **2/25/03** Daytime Phone # **561-833-0339**