## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 736203**

FILED Apr 29, 2008 Secretary of State

Entity Name: CONGREGATION ETZ CHAIM, INC.

| Current Principal Place of Business: |                                 |                                   |                          | New Principal Pla              | New Principal Place of Business:           |  |
|--------------------------------------|---------------------------------|-----------------------------------|--------------------------|--------------------------------|--|--|
| 1881 N.E.                            | 26TH STREE                      | Т                                 |                          |                                |  |  |
| SUITE 100                            |                                 | 22205                             | US                       |                                |  |  |
|                                      | MANORS, FL                      |                                   | 03                       |                                |  |  |
| Current Mailing Address:             |                                 |                                   |                          | New Mailing Add                | New Mailing Address:                       |  |
| SUITE 100                            | 26TH STREE<br>)<br>MANORS, FL   |                                   | US                       |                                |  |  |
|                                      | : 58-2100313                    |                                   | umber Applied For()      | FEI Number Not Applicable (    | ) Certificate of Status Desired ( )        |  |
| Name and                             | l Addrage of                    | Current                           | Pagistared Agents        | Name and Addres                | es of New Begistered Agents                |  |
|                                      |                                 |                                   | Registered Agent:        | Name and Addres                | ss of New Registered Agent:                |  |
|                                      | S, DAVID J C.F<br>AKLAND PAR    |                                   |                          |                                |  |  |
|                                      | JDERDALE, F                     | L 33306                           | 3 US                     |                                |  |  |
|                                      | e named entity<br>e of Florida. | submits                           | this statement for the p | ourpose of changing its regist | tered office or registered agent, or both, |  |
| SIGNATUI                             | RE:                             |                                   |                          |                                |  |  |
|                                      | Electro                         | nic Sign                          | ature of Registered Age  | ent                            | Date                                       |  |
| OFFICER                              | S AND DIREC                     | CTORS:                            |                          | ADDITIONS/CHA                  | NGES TO OFFICERS AND DIRECTORS             |  |
| Title:                               | PD (                            | ) Delete                          |                          | Title:                         | ( ) Change ( ) Addition                    |  |
| Name:                                | SABERG, CAR                     |                                   |                          | Name:                          |  |  |
| Address:<br>City-St-Zip:             | 2005 NE 21ST<br>FORT LAUDE      |                                   | 33305 US                 | Address:<br>City-St-Zip:       |  |  |
| Oity Ot 21p.                         | 101112/1002                     | (D/(LL, II                        | 2 00000 00               | ony or zip.                    |  |  |
| Title:                               |                                 | ) Delete                          |                          | Title:                         | ( ) Change ( ) Addition                    |  |
| Name:                                | DOLINSKY, SCOTT                 |                                   |                          | Name:                          |  |  |
| Address:                             | 3201 NORTH                      |                                   |                          | Address:                       |  |  |
| City-St-Zip:                         | POMPANO BE                      | ACH, FL                           | 33063 08                 | City-St-Zip:                   |  |  |
| Title:                               | TD (                            | ) Delete                          |                          | Title:                         | () Change () Addition                      |  |
| Name:                                | CHARLES, DA                     | VID J                             |                          | Name:                          |  |  |
| Address:                             |                                 |                                   | K BLVD PMB 449           | Address:                       |  |  |
| City-St-Zip:                         | FORT LAUDE                      | RDALE, FI                         | _ 33306 US               | City-St-Zip:                   |  |  |
| Title:                               | VD (                            | ) Delete                          |                          | Title:                         | ( ) Change ( ) Addition                    |  |
| Name:                                | ROSENBERG                       |                                   |                          | Name:                          | (, =                                       |  |
| Address:                             | 520 NE 7TH A                    |                                   |                          | Address:                       |  |  |
| City-St-Zip:                         | DELRAY BEA                      |                                   | 3483 US                  | City-St-Zip:                   |  |  |
| Title:                               | SD (                            | ) Delete                          |                          | Title:                         | ( ) Change ( ) Addition                    |  |
| Name:                                | CHRISTOPHE                      | *                                 | EEN                      | Name:                          | ( ) Shangs ( ) / taaliish                  |  |
| Address:                             | 727 NE 16TH                     | *                                 |                          | Address:                       |  |  |
| City-St-Zip:                         | FORT LAUDE                      |                                   |                          | City-St-Zip:                   |  |  |
| Title:                               | VD (                            | ) Delete                          |                          | Title:                         | ( ) Change ( ) Addition                    |  |
| Name:                                | CARSON, JUL                     | ,                                 |                          | Name:                          | ( ) similes ( ) / maintain                 |  |
| Address:                             | 1500 NE 24TH                    |                                   |                          | Address:                       |  |  |
| City-St-Zip:                         | WILTON MAN                      |                                   | 33305 US                 | City-St-Zip:                   |  |  |
|                                      |                                 |                                   |                          | • •                            |  |  |
| y                                    |                                 | - · · <del>-</del> , · <b>-</b> · | <del>-</del>             |                                |  |  |

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: DAVID J. CHARLES TD 04/29/2008