

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741237 (2)
1. Corporation Name
CONGREGATION OF BETH AM, INCORPORATED



Principal Place of Business Mailing Address
3899 SAND LAKE RD. LONGWOOD FL 32779 3899 SAND LAKE RD. LONGWOOD FL 32779-5622

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-2570603		09/06/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
MCVAY, MAUREEN
3899 SAND LAKE ROAD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Maureen McVay MAUREEN MCVAY, ADMINISTRATOR
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEISSTEIN, STEVE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	154 ACADEMY OAKS PLACE	1.2 NAME	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MAYER, JOAN <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	432 VILLAGE VIEW PL	2.2 NAME	
STREET ADDRESS	LONGWOOD FL 32779	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD WEISSMANN, ROBERT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	309 SABAL PARK PL., #201	3.2 NAME	
STREET ADDRESS	LONGWOOD FL 32779	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ADM MCVAY, MAUREEN <input type="checkbox"/> DELETE	4.1 TITLE	800002080018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3899 SAND LAKES RD	4.2 NAME	-02/06/97--01017--024
STREET ADDRESS	LONGWOOD FL 32779	4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V GOLDIN, JERRY <input type="checkbox"/> DELETE	5.1 TITLE	President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	227 TOLLGATE TR	5.2 NAME	
STREET ADDRESS	LONGWOOD FL 32750	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Religious Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael Zelkowitz
STREET ADDRESS		6.3 STREET ADDRESS	404 Timber Ridge Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LONGWOOD, FL. 32779

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

CP2E037 (9/96)