

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 3899 SAND LAKE RD. LONGWOOD FL 32779
Mailing Address: 3899 SAND LAKE RD. LONGWOOD FL 32779

3. Date Incorporated or Qualified: 12/28/1977
4. FEI Number: 59-2570603
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29

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 1-6-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, JOAN	
STREET ADDRESS	432 VILLAGE VIEW PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEISSMANN, ROBERT	
STREET ADDRESS	309 SABAL PARK PL., #201	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	ADM	<input type="checkbox"/> DELETE
NAME	MCVAY, MAUREEN	
STREET ADDRESS	3899 SAND LAKES RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLDIN, JERRY	
STREET ADDRESS	227 TOLLGATE TR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZELKOWITZ, MICHAEL	
STREET ADDRESS	404 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald Goldin	
1.3 STREET ADDRESS	227 Tollgate Tr.	
1.4 CITY-ST-ZIP	Longwood, FL 32750	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T. Jack Levine	
2.3 STREET ADDRESS	424 Wild Oak Cr.	
2.4 CITY-ST-ZIP	Longwood, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beth Burpee	
4.3 STREET ADDRESS	150 Holderness Dr.	
4.4 CITY-ST-ZIP	Longwood, FL 32779	
5.1 TITLE	Bldg V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edward Sheplan	
5.3 STREET ADDRESS	110 Lane Destiny Trail	
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: JACK LEVINE Jack Levine 1/6/98 862-7075

CR2E037 (10/97)