NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 741237** 

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

## **FILED** May 01, 1999 8:00 amg Secretary of State

05-01-1999 90056 037 \*\*\*\*61.25



<b>→</b> :	ace of business 26						12/28/1977				
Suite, Apt.	# etc	Suite, Apt. #, etc.					4. FEI Number		A	oplied For	
22			¬ ' ' '				59-2570603			ot Applicable	
City & State City & State									\$8.75	Additional	
23	28						5. Certifcate of Status Desired		Fee R	equired	
Zip					try		6. Election Campaign Financing \$5.00 May Be				
24 25 29 30					Trust Fund Contribution Added to				to Fees		
9. Name and Address of Current Registered Agent					<u> </u>	10. Name and Address of New Registered Agent					
1					31 Na	me					
MCVAY, MAUREEN					82 Street Address (P.O. Box Number is Not Acceptable)						
3899 SAND LAKE ROAD											
LONGWOOD FL 32779					33						
				1	34 Cit	·			85 Zip	Code	
						•		<u> FL</u>			
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.15	08, Florida Statutes,	the abo	ove-nai	ned corpo	ration submits this statement for the	purpose of o	changing its	s registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	riorida, Su ns of, Secti	ion 617.0503, Florida	a Statut	es.	orporation .	<b>`</b>	_		giotoroa	
	Maureeu mevau	CM	MILNOO	•		CIL	àis '	1-18 ·	99_		
SIGNATORE	Signature, typed or printed name of registered agent a		<u> </u>		gant sigh	ture required		DATE	D DIDEOT	000 IN 40	
12.	OFFICERS AND	DIRECTOR		13.		- A-	ADDITIONS/CHANGES TO O	FICERS AN			
TITLE	P		DELETE	1.1 THL	E	76	esiden+		Change	☐ Addition	
NAME	Goldin, Gerald		·	1.2 NAM	E	15 ¢	ree, Beth	_			
STREET ADDRESS	227 TOLLGATE TR			1.3 STR	EET ADDI	ESS 15	o Holgebnazz Di	<u>.</u> .	_		
CITY-ST-ZIP	LONGWOOD FL 32750			1.4 CITY	-ST-ZIP		NEWOOD , Fl.	<u>3277</u>			
TITLE	T DELETE			2.1 TITL	E		esident Elect		Change	☐ Addition	
NAME	LEVINE, JACK			2.2 NAW	ΙĖ	<b>12</b> 6	ick Levine,	* 1 -			
STREET ADDRESS	434 WILD OAK CIR			2.3 STR	EET ADDR	ESS 43	WILL OAK CIE	اعات	_		
CITY-ST-ZIP	LONGWOOD FL 32779			2. 4 CIT	Y-ST-ZIP	Le	Nowood, Pl. :	<u>sann</u>	1		
TITLE	ADM		DELETE	3.1 TITU	E	- A	MINISTRATOR		Change	☐ Addition	
NAME	MCVAY, MAUREEN			3.2 NAM	E	W	UAY, MAUREEN	1			
STREET ADDRESS	3899 SAND LAKES RD			3.3 STR	EET ADDI	ESS 38	99 SAND LAKE P	α,			
CITY-ST-ZIP	LONGWOOD FL 32779			3,4. CIT	Y-ST-ZIP	ما	Newood, Pl. 3	3779			
TITLE	VPT		☐ DELETE	4.1 TITL	E	Te	PASURER		Change	☐ Addition	
NAME	BURPEE, BETH			4. 2 NA	AE.	K	eu Solomon.				
STREET ADDRESS	150 HOLDERNESS DR			4.3 STR	EET ADDI	RESS 13	29 Ashbu Cleck	و			
CITY-ST-ZIP	LONGWOOD FL 32779			4.4 CITY	'-ST-ZIP		LODDKA, FI.39	705			
TITLE	VPT		DELETE	5.1 TITL		11310	da. Vice Peesid	9 N+	Change	☐ Addition	
NAME	SHEPLAN, EDWARD		- 1	5.2 NAW	E		acu WAItON .	A	_		
STREET ADDRESS	1 4 A 1 4 4 / E DECEMBY TO		,	5.3 STR	EET ADDF	RESS A	Asy waiton	CIECI	ف ا		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			5.4 CITY	-ST-ZIP	AIL	Amontespeines,	F1,33	1714		
TITLE	The state of the same to be the		☐ DELETE	6.1 TITL	E	1 1 1 1			Change	Addition	
NAME				6.2 NAM	ΙE						
STREET ADDRESS				6.3 STR	EET ADOI	RESS					
STREET ALLUNESS				e a ciro	/ CT 7ID	1					

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, with all the like empowered.