

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741237

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: CONGREGATION OF BETH AM, INCORPORATED

**Current Principal Place of Business:**

3899 SAND LAKE RD.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3899 SAND LAKE RD.  
LONGWOOD, FL 32779

**New Mailing Address:**

P.O. BOX 915756  
LONGWOOD, FL 327915756 US

FEI Number: 59-2570603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, JOANNE  
3899 SAND LAKE ROAD  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILVERSTEIN, NEAL  
Address: 673 SANDY NECK LANE, #201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: MAYER, GEORGE  
Address: 432 VILLAGE VIEW LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete  
Name: WILLIAMS, DAN  
Address: 110 SHADOW LAKE DR  
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete  
Name: ELMAN, CYNTHIA  
Address: 546-12 ORANGE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAVIDS, MARK  
Address: 429 WILLOWBROOK LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change ( ) Addition  
Name: RUBEN, ANTHONY  
Address: 504 SPRINGCREEK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, DAN  
Address: 110 SHADOW LAKE DR  
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change ( ) Addition  
Name: BLATTNER, CRAIG  
Address: 508 WOODVIEW DRIVE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL WILLIAMS

VP

02/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date