

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741237

FILED
Jan 22, 2007
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:

P.O. BOX 915756
LONGWOOD, FL 327915756 US

New Mailing Address:

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: DAVIDS, MARK
Address: 429 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 32779

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK DAVIDS

Electronic Signature of Signing Officer or Director

PRES

01/22/2007

_____ Date