## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741237** 

FILED Feb 01, 2008 Secretary of State

Entity Name: CONGREGATION OF BETH AM, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

3899 SAND LAKE RD. LONGWOOD, FL 32779

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: DAVIDS, MARK Name: WILLIAMS, DAN

Address: 429 WILLOWBROOK LANE Address: 110 SHADOW LAKE DRIVE

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: RUBEN, ANTHONY Name: WILSON, LOUIS

Address: 504 SPRINGCREEK DRIVE Address: 521 KESSAMO WAY
City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LAKE MARY, FL 32746

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$ 

Name: WILLIAMS, DAN Name: RIOLA, JAMES

 Address:
 110 SHADOW LAKE DR
 Address:
 4571 OLD CARRIAGE TRAIL

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 OVIEDO, FL 32765

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 BLATTNER, CRAIG
 Name:
 MORGAN, MARSHAL

 Address:
 508 WOODVIEW DRIVE
 Address:
 295 SMOKERISE BLVD

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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 PRES 02/01/2008