

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741237

FILED  
Feb 18, 2009  
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: WILLIAMS, DAN  
Address: 110 SHADOW LAKE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: T      ( ) Delete  
Name: WILSON, LOUIS  
Address: 521 KESSAMO WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: VP      ( ) Delete  
Name: RIOLA, JAMES  
Address: 4571 OLD CARRIAGE TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: SD      ( ) Delete  
Name: MORGAN, MARSHAL  
Address: 295 SMOKERISE BLVD  
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: T      (X) Change ( ) Addition  
Name: WEISSMAN, HERBERT  
Address: 2963 AUTUMNWOOD TRAIL  
City-St-Zip: APOPKA, FL 32746

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

Title: SD      (X) Change ( ) Addition  
Name: LIEBOWITZ, STEVE  
Address: 632 S. SWEETWATER COVE BLVD.  
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: DAN WILLIAMS

Electronic Signature of Signing Officer or Director

PRES

02/18/2009

\_\_\_\_\_ Date