

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90115 018 ****61.25

DOCUMENT # 741237

1. Entity Name
CONGREGATION OF BETH AM, INCORPORATED



55015768

Principal Place of Business
**3899 SAND LAKE RD.
LONGWOOD FL 32779**

Mailing Address
**3899 SAND LAKE RD.
LONGWOOD FL 32779**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2570603**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCVAY, MAUREEN
3899 SAND LAKE ROAD
LONGWOOD FL 32779**

Name **JOANNE WEISS**

Street Address (P.O. Box Number is Not Acceptable)
3899 SAND LAKE RD

City **LONGWOOD**

FL

Zip Code

32779

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joanne Weiss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	DAVINS, MARK	429 WILLOW BROOK LANE	LONGWOOD FL 32779	<input type="checkbox"/>
PED	GOLUB, JEFF	2234 BLOSSMWOOD DR	OVIDO FL 32765	<input checked="" type="checkbox"/>
PD	MAYER, GEORGE	432 VILLAGE VIEW LANE	LONGWOOD FL 32779	<input type="checkbox"/>
T	WILLIAMS, DAN	110 SHADOW LAKE DR	LONGWOOD FL 32779	<input type="checkbox"/>
SD	SIEGEL, DIANE	701 CLUB RIDGE COURT	LONGWOOD FL 32779	<input checked="" type="checkbox"/>
D	LEVIN, MARLENE	200 HUNT CLUB COURT	LONGWOOD FL 32779	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRE S	DAVIDS, MARK	429 WILLOW BROOK LANE	LONGWOOD, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARK, GEORGE	432 VILLAGE VIEW LANE	LONGWOOD, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MAXINE STANLEY	2851 CITRON DR,	LONGWOOD FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03

Date

Daytime Phone #