

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745697

FILED
Mar 08, 2009
Secretary of State

Entity Name: CONGREGATION SHAARAY TEFILAH OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

971 NE 172ND STREET
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1177 KANE CONCOURSE
C/O JLO, SUITE 222
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 59-1944377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAROSLAWICZ, ISAAC M ESQ.
1177 KANE CONCOURSE
STE 222
BAY HARBOR ISLANDS, FL 33154 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-D () Delete
Name: DENNIS, MARK DR
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP-D () Delete
Name: WOLKENFELD, MARK
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: S-D () Delete
Name: PRINCE, KAREN
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TR-D () Delete
Name: PRITZKER, ALAN
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: FS-D () Delete
Name: BOKOR, MICHAEL
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP-D () Delete
Name: RUBIN, STEVEN
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

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:

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

Title: VP-D (X) Change () Addition
Name: KLEINER, HENRY
Address: 971 NE 172 ST
City-St-Zip: N MIAMI BEACH, FL 33162

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: ISAAC M. JAROSLAWICZ

VP-D

03/08/2009

Electronic Signature of Signing Officer or Director

Date