2J04 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am DOCUMENT # 756658 Secretary of State 1. Entity Name 02-04-2004 90076 047 ****61.25 CONGREGATION BETH TEFILAH, INC. Mailing Address Principal Place of Business 6535 W. COMMERCIAL BLVD. 6535 W. COMMERCIAL BLVD. TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2091201 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent الای ال<u>سیان میں میں اور اور ان اور ان ال</u>ایا الایا FELD, SIDNEY 8220 S.W. 24TH STREET Street Address (P.O. Box Number is Not Acceptable) N. LAUDERDALE FL 33068 Zio Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change TITLE ☐ Delete TITLE BERNSTEIN, LAWRENCE MARGULIES STANLEY 4930 SABAL PALMIBLUD TAMARAC, FL, 33319 NAME NAME 6080 NW 44 ST STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE FELD, SIDNEY TAMARAC, FL. 333/9 NAME 8220 S.W. 24TH ST. STREET ADDRESS STREET ADDRESS N. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Delete SCHULTZ, FELIX --NAME NAME 6050 N.W. 64TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMARAC FL CITY-ST-ZIP Delete TITLE TITLE . Change Addition DRIBEN, GEORGE NAME NAME 961 NW 21ST AVE STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 ABLIANTE ABLIANTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #