

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 031 ****61.25



DOCUMENT # 756658
 1. Entity Name
CONGREGATION BETH TEFILAH, INC.

Principal Place of Business Mailing Address
 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.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2091201** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
FELD, SIDNEY
8220 S.W. 24TH STREET
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent
 Name *Felix Schultz* 3/8/05
 Street Address (P.O. Box Number is Not Acceptable)
6050 N.W. 64TH AVE APT. 102
 City **TAMARAC FL** Zip Code **33319**

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 *Felix Schultz* 03/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE: IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, LAWRENCE <input type="checkbox"/> Delete 6080 NW 44 ST LAUDERHILL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, SIDNEY <input checked="" type="checkbox"/> Delete 8220 S.W. 24TH ST. N. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD SCHULTZ, FELIX <input type="checkbox"/> Delete 6050 N.W. 64TH AVENUE TAMARAC FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGULIES, STANLEY <input type="checkbox"/> Delete 4930 SABAL PALM BLVD TAMARAC FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARY, JACK <input checked="" type="checkbox"/> Delete 4930 SABAL PALM BLVD FORT LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAY JACK 4930 SABAL PALM BLVD TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence G. Bernstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #