| 200   | FILED<br>Apr 06, 2005 8:00 am<br>Secretary of State |                                  |  |              |                              |   |  |              |              |                                    |          |  |
|---|---|----------------------------------|--|--------------|------------------------------|---|--|--------------|--------------|------------------------------------|----------|--|
| DOCU<br>1. Entity Nam   | # 756658  | × ×                              |  |              |                              |   |  |              | e            |                                    |          |  |
| CONGREGATION BETH TEFILAH, INC.   |   |                                  |  |              |                              |   | . 04-0   | 06-2005 9    | 0122 031 *   | ****61.25                          |          |  |
| Principal Plac  | Mailing Address                                     |                                  | l  |              |                              |   |  |              |              |                                    |          |  |
| 6535 W. CO<br>TAMARAC F   | MMERCIAL<br>FL 33319                                | BLVD.                            | 6535 W. COMMERCIAL BLVD.<br>TAMARAC FL 33319 |              |                              | נייני איז איז ישייאיי<br>1001 איז איזאנע אוזע אווער |  |              |              |                                    |          |  |
| 2. Principal P  | lace of Busin                                       | ess                              | 3. Mailing Address                           |              |                              |   |  |              |              |                                    |          |  |
| Suite, Apt. #, etc.   |   |                                  | Suite, Apt. #, etc.                          |              |                              |   | 1st MOORE CR2E037 (10/04)                                    |              |              |                                    |          |  |
| City & Stat   | e   |                                  | City & State                                 |              |                              |   | 4. FEI Number Applied For S9-2091201 Not Applicable          |              |              |                                    |          |  |
| Zip   | Country   |                                  | Zip  | Zip Cou      |                              | 5. Certificate of Status Desired  |  |              |              | \$8.75 Additional     Fee Required |          |  |
|   |   | and Address of Currer            | t Registered Agent                           |              |                              |   | 7. Name and Add  | tress of New | Registered   | Agent                              |          |  |
| 8220 S.W. 241H STREET   |   |                                  |  |              |                              |   | Elip Schultz 3/8/05<br>ss (P.O. Box Number is Not Acceptage) |              |              |                                    |          |  |
|   |   | ALE FL 33068                     |  | 6050 1       |                              |   | N.W. 64<br>MARAC   | TH AV        | <u>e AP</u>  | 7. 10                              | _        |  |
|   |   |                                  |  |              |                              |   |  |              |              | 3:                                 | 3319     |  |
| 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 Signature, typed or proled name of registered agent and tile if applicable (NOE Registered Agent signature required when reinstating) D3/16/05  |   |                                  |  |              |                              |   |  |              |              |                                    |          |  |
| FILE NOW: FEE IS \$61.25       9. Election Campaign Financing<br>Trust Fund Contribution.       \$5.00 May Be<br>Added to Fees       Make Check Payable to<br>Florida Department of State   |   |                                  |  |              |                              |   |  |              |              | State                              |          |  |
| 10.   | PD  | OFFICERS AND D                   |  |              |                              | ADDITIONS/CHANG   | ES TO OFFIC  | CERS AND DI  |              |                                    |          |  |
| TITLE<br>NAME<br>STREET <b>ADDR</b> ESS<br>CITY - ST - ZIP  | BERNSTEIN   |                                  |  |              | E<br>ET ADDRESS              | 493   | (JACK<br>10 SASAL<br>MARAC, 1                                |              | BLVD<br>5569 | <b>C</b> -Change                   | Addition |  |
| TITLE   | D<br>FELD, SIDI                                     |                                  | Delete                                       | TITLE        | E                            | 1 77  | MARAC, 1   | ,            | 5507         | Change                             | Addition |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 8220 S.W.<br>N. LAUDEF                              | 24TH ST.                         |  |              | ET ADDRESS                   |   |  |              |              |                                    |          |  |
| TITLE<br>NAME   | FD<br>SCHULTZ,                                      |                                  | Defete                                       | TITLE        | ē                            |   |  |              | · -          | 🔲 Change                           | Addition |  |
| STREET ADDRESS<br>City - St - Zip   | TAMARAC   | 64TH AVENUE<br>FL                |  |              | ET ADORESS<br>- ST - ZIP     |   |  |              |              |                                    |          |  |
| TITLE<br>NAME   |   | S, STANLEY                       | 🗖 Delete                                     | title<br>Nam |                              |   |  |              |              | 🗌 Change                           | Addition |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 4930 SABA   | AL PALM BLVD<br>FL 33319         |  |              | ET ADDRESS<br>- ST- ZIP      |   |  |              |              |                                    |          |  |
| TITLE<br>NAME   | VP<br>TARY, JAC                                     | ж                                | Delete                                       | THE          | -                            | •   |  |              |              | Change                             | Addition |  |
| STREET ADDRESS<br>CITY - ST - ZIP   |   | AL PALM BLVD<br>DERDALE FL 33319 |  |              | ET ADDRESS                   |   |  |              |              |                                    |          |  |
| TITLE   |   | · · · · · ·                      | Delete                                       | TITLE        | - 1                          |   |  |              |              | Change                             | Addition |  |
| NAME<br>STREET ADDRESS<br>CITY-S1-ZIP   |   |                                  |  |              | E<br>Et adoress<br>- St- ZIP |   |  |              |              |                                    |          |  |
| 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: A CHARACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR Data Dayling Phone #  |   |                                  |  |              |                              |   |  |              |              |                                    |          |  |

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