# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2008**
**Secretary of State**

DOCUMENT# C94000000004

**Entity Name:** BETH ISRAEL CONGREGATION

**Current Principal Place of Business:**

770 WEST 40TH STREET
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

770 WEST 40TH STREET
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number: 59-0823935** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALBUT, ABRAHAM
3559 PINE TREE DR
MIAMI BEACH, FL 33140 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 | ( ) Delete |
| Name: | GALBUT, ABRAHAM | |
| Address: | 3559 PINE TREE DR | |
| City-St-Zip: | MIAMI BEACH, FL 33140 US | |
| Title: | V | ( ) Delete |
| Name: | MORSE, MARC | |
| Address: | 4515 N. MERIDIAN AVE | |
| City-St-Zip: | MIAMI BEACH, FL 33140 US | |
| Title: | S | ( ) Delete |
| Name: | FROHLICH, SETH | |
| Address: | 3126 PINE TREE DR | |
| City-St-Zip: | MIAMI BEACH, FL 33140 US | |
| Title: | T | ( ) Delete |
| Name: | ROTENBERG, DANIEL | |
| Address: | 4545 ADAMS AVE | |
| City-St-Zip: | MIAMI BEACH, FL 33140 US | |
| Title: | BM | ( ) Delete |
| Name: | GUTTMANN, EUGENE | |
| Address: | 5001 COLLINS AVE #10F | |
| City-St-Zip: | MIAMI BEACH, FL 33140 | |
| Title: | BM | ( ) Delete |
| Name: | WIEN, LEONARD | |
| Address: | 3005 FLAMINGO DR | |
| City-St-Zip: | MIAMI BEACH, FL 33140 | |

**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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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: MARC MORSE VP 01/31/2008
Electronic Signature of Signing Officer or Director — Date