


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

**FILED**

**Apr 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F99000006652**  
1. Entity Name  
**CONGREGATION BETH ELISHAMA DAVID INC.**



Principal Place of Business <b>316 FERRARA COURT KISSIMMEE FL 34758</b>	Mailing Address <b>316 FERRARA COURT KISSIMMEE FL 34758</b>
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/04)

4. FEI Number <b>11-2452007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**KATAN, DAVID  
316 FERRARA COURT  
KISSIMMEE FL 34758**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PCD	KATAN, DAVID	316 FERRARA COURT	KISSIMMEE FL	<input type="checkbox"/>
V	BRIDGEWATER, CARLTON A	2208 SYLVAN COURT	KISSIMMEE FL	<input type="checkbox"/>
S	BORONELL, DEBORAH	261 COMPETITION DRIVE	KISSIMMEE FL	<input type="checkbox"/>
T	BRDIGEWATER, JACKIE A	2208 SYLVAN COURT	KISSIMMEE FL	<input type="checkbox"/>
VD	KATAN, SHIRLEY A	316 FERRARA COURT	KISSIMMEE FL	<input type="checkbox"/>
D	JONES, MARIE	261 COMPETITION DRIVE	KISSIMMEE FL	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** David Katan      4/25/05 (407) 932-1903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #