

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F99000006652**

1. Entity Name  
**CONGREGATION BETH ELISHAMA DAVID INC.**



Principal Place of Business  
**316 FERRARA COURT  
KISSIMMEE, FL 34758**

Mailing Address  
**316 FERRARA COURT  
KISSIMMEE, FL 34758**



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000861374  
03/20/07-80039-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KATAN, DAVID 316 FERRARA COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIDGEWATER, CARLTON A 2208 SYLVAN COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORONELL, DEBORAH 261 COMPETITION DRIVE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIDGEWATER, JACKIE A 2208 SYLVAN COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATAN, SHIRLEY A 316 FERRARA COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MARIE 261 COMPETITION DRIVE KISSIMMEE, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DAVID Katan 2/15/07 407-452-3457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #