

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90453 047 ****61.25

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**

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 **11-2452007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-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)(l), 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:

SIGNATURE KEATED

4/23/03 (407) 932-1963

CR2E037 (10/02)