

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 07, 2004
Secretary of State**

DOCUMENT# N01000001435

Entity Name: CONGREGATION MOGAN DAVID OF SURFSIDE, INC.

Current Principal Place of Business:

9348 HARDING AVE.
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9348 HARDING AVE.
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 65-1081687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JACK CPA
16855 NE 2ND AVENUE
SUITE 303
NORTH MIAMI BEACH, FL 33162

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: PD () Delete
Name: COHEN, ELI
Address: 9348 HARDINS AVE.
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: STD () Delete
Name: COHEN, SHARONA
Address: 9348 HARDING AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: COHEN, ESTHER
Address: 9341 E BAY HARBOUR DRIVE APT 3C
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: SALZHAVER, MICHAEL
Address: 9241 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33154

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELI COHEN

PD

06/07/2004

Electronic Signature of Signing Officer or Director

Date