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

DOCUMENT # N01000002893

1. Entity Name



Secretary of State 01-23-2003 90079 044 ****61.25

Jan 23, 2003 8:00 am

MA'AYAN CONSERVATIVE SYNAGOGUE, INC. Principal Place of Business Mailing Address P.O. BOX 11226 P.O. BOX 11226 NAPLES FL 34101-1226 NAPLES FL 34101-1226 2. Principal Place of Business 3. Mailing Address 4980 Tamiami Trail N 4980 Tamlami Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 101 *Suite* Applied For 4. FEI Number 59-3713371 City & State Not Applicable Country \$8.75 Additional ---USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMOTIN, SHERI L Street Address (P.O. Box Number is Not Acceptable) 5092 POST OAK LANE NAPLES FL 34105 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. e of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE Delete TITLE ☐ Addition CR2E037 (10/02 Samotin, Sheri NAME NAME STREET ADDRESS STREET ADDRESS 5092 POST OAK LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 TITLE ☐ Delete NAME STEIN, MARGIE STREET ADDRESS STREET ADDRESS 216 MONTEREY DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE Delete TITLE Braiman NAME SIEGAL, JEFFREY NAME STREET ADDRESS STREET ADDRESS **35 HASTINGS PLACE** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete ☐ Addition GOLDSMITH, BRANDON NAME STREET ADDRESS 2264 HERITAGE GREENS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME JASON, PHILIP NAME STREET ADDRESS 12823 VALEWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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 eddress, with all other like empowered.

ZISHERI SAMOTIN

SIGNATURE: