

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006480

FILED  
Feb 13, 2008  
Secretary of State

**Entity Name:** CONGREGATION BETH TIKVAH OF NAPLES, INC.

**Current Principal Place of Business:**

10188 WINTER VIEW DRIVE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

10188 WINTER VIEW DRIVE  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-3744595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONGREGATION BETH TIKVAA OF NAPLES INC  
10188 WINTER VIEW DR  
NAPLES, FL 34109 US

**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: KLEINER, SIDNEY  
Address: 10188 WINTER VIEW DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: KLEINER, GERTRUDE R  
Address: 10188 WINTER VIEW DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: HOCHBERG, MARTIN J  
Address: 10188 WINTER VIEW DRIVE  
City-St-Zip: NAPLES, FL 34109

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SIDNEY KLEINER

MR

02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date