


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90019 048 ****61.25

DOCUMENT # N03000007560

1. Entity Name
CONGREGATION SINAI, INC.



Principal Place of Business Mailing Address

1551 HANCOCK ROAD
 CLERMONT FL 34711

4327 S. HWY 27
 BOX 123
 CLERMONT FL 34711
 53



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

City, State City & State

City, State City, State

4. FEI Number Applied For

58-2671389 No. Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERLINSKY, STEPHEN J
634 W. HWY. 50
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name: **LEVY, GWEN**
 Street Address (P.O. Box Number is Not Acceptable): **3606 EYERSHOLT ST**
 City: **CLERMONT** FL Zip Code: **34711**

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: *Gwen Levy* DATE: _____

NOTE: Registered Agent must be a resident of the State of Florida.

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: P <input type="checkbox"/> Delete	NAME: LEVY, GWEN STREET ADDRESS: 3606 EYERSHOLT ST CITY-ST-ZIP: CLERMONT FL 34711	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S <input checked="" type="checkbox"/> Delete	NAME: BLOOM, JANET K STREET ADDRESS: 3564 WESTERHAM DR CITY-ST-ZIP: CLERMONT FL 34711	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: WHITMAN, SHEILA STREET ADDRESS: 17920 EARTH STAR LANE CITY-ST-ZIP: GROVELAND FL 34736
TITLE: V <input type="checkbox"/> Delete	NAME: SLOTNICK, GEORGE STREET ADDRESS: 2165 ADDISON AVE CITY-ST-ZIP: CLERMONT FL 34771	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: BERLINSKY, STEPHEN J STREET ADDRESS: 1217 N JACKS LAKE ROAD CITY-ST-ZIP: CLERMONT FL 34711	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FRIEDMAN, WALTER STREET ADDRESS: 5209 LINKS LANE CITY-ST-ZIP: LEESBURG, FL 34748
TITLE: T <input type="checkbox"/> Delete	NAME: LANGER, SANDY STREET ADDRESS: 2144 WINSLEY ST CITY-ST-ZIP: CLERMONT FL 34711	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete	NAME: SILPE, STEVEN STREET ADDRESS: 2109 GRAFTON AVENUE CITY-ST-ZIP: CLERMONT FL 34711	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address, with all other files empowered.

George Slotnick _____