

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 04, 2008
Secretary of State**

DOCUMENT# N03000007560

Entity Name: CONGREGATION SINAI, INC.

Current Principal Place of Business:

3551 HANCOCK ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

4327 S. HWY 27
BOX 123
CLERMONT, FL 34711 53

New Mailing Address:

FEI Number: 58-2671389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, GWEN
3606 EVERS HOLT ST
CLERMONT, FL 34711 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: P () Delete
Name: LEVY, GWEN
Address: 3606 EVERS HOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: WHITMAN, SHEILA
Address: 17920 EARTH ST LN
City-St-Zip: GROVELAND, FL 34736

Title: V () Delete
Name: SLOTNICK, GEORGE
Address: 2165 ADDISON AVE
City-St-Zip: CLERMONT, FL 34771

Title: D () Delete
Name: FRIEDMAN, WALTER
Address: 5209 LINKS LN
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: LANGER, SANDY
Address: 2144 WINSLEY ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SILPE, STEVEN
Address: 2109 GRAFTON AVENUE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, MATTHEW
Address: 1010 HIDDEN BLUFF
City-St-Zip: CLERMONT, FL 34711

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: T (X) Change () Addition
Name: NORDEN, MARSHA
Address: 21348 ROYAL TROON DRIVE
City-St-Zip: LEESBURG, FL 34748

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: MATTHEW COHEN

PRES

08/04/2008

Electronic Signature of Signing Officer or Director

_____ Date