

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008832

FILED
Feb 18, 2008
Secretary of State

Entity Name: CONGREGATION BETH JACOB, INC.

Current Principal Place of Business:

2400 PINE TREE DR.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2400 PINE TREE DR.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-0637826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, MARTIN
635 11TH ST #1
MIAMI BEACH, FL 33139 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: V () Delete
Name: NELSON, JONATHAN
Address: 11520 N BAYSHORE DR
City-St-Zip: MIAMI, FL 33181

Title: T () Delete
Name: SCHWARTZ, NORMAN
Address: 1951 NE 194TH DR
City-St-Zip: MIAMI, FL 33179

Title: P () Delete
Name: KREVAT, SOL H
Address: 15945 NW 82 CT
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: BALKIN, JOAN
Address: 611 86TH ST
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: FRANK, BERNARD JUDGE
Address: 7441 WAYNE AVE #7B
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: GREEN, HENRY DR
Address: 6390 SW 69TH ST
City-St-Zip: MIAMI, FL 33143

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
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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: JONATHAN NELSON

PRES

02/18/2008

Electronic Signature of Signing Officer or Director

Date