

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 035 ****61.25

DOCUMENT # N07863

1. Entity Name
BET SHIRA CONGREGATION, INC.



Principal Place of Business
7500 SW 120TH ST.
MIAMI, FL 33156

Mailing Address
7500 SW 120TH ST.
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2500437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TESCHER, GAIL S
7500 SW 120 ST
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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

Gail S. Tescher

Signature, typed or printed (name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOVAK, MICHAEL
STREET ADDRESS	11100 KILLIAN PARK ROAD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	T
NAME	GOTTERER, MINDY
STREET ADDRESS	7350 SW 153 STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	ED
NAME	TESCHER, GAIL S.
STREET ADDRESS	2925 JACKSON AVE.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	APPLEBAUM, FREDRICA
STREET ADDRESS	11841 SW 57 COURT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PRES-ELECT
NAME	MARTIN APPLEBAUM
STREET ADDRESS	5901 SW 112 ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ELEANOR SCHREER MD
NAME	9860 SW 121 ST
STREET ADDRESS	MIAMI, FL 33176
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #