


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90066 035 ****61.25

DOCUMENT # N09397					
1. Entity Name CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.					
Principal Place of Business 1447 LYONS ROAD COCONUT CREEK, FL 33063			Mailing Address 1447 LYONS ROAD COCONUT CREEK, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2531428	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEONARD, PAUL I 3301 ARUBA WAY APT. C-1 COCONUT CREEK, FL 33063			Name <u>Hy Friedman</u> Street Address (P.O. Box Number is Not Acceptable) <u>2003 Granada Dr. Apt. L-1</u> City <u>Coconut Creek</u> FL Zip Code <u>33066</u>		
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: <u>Hy Friedman</u> 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD IZOLD, SPAIZER 2803 VICTORIA WAY H-1 COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NABSON, ROSALYN 2660 CARAMBOLA CIR N COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, PAUL I 3301 ARUBA WAY COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hy Friedman 2003 Granada Dr. Apt. L-1 Coconut Creek, FL 33066 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBERMAN, SAM 3203 PORTOFINO PT #E3 COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFINO, GLADYS 3003 PORTOFINO ISLE #M-3 COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Hanni Geller 2510 Calamondin Circle Coconut Creek, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Israel Spaizer</u> 1/21/05 954-975-4666 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2531428 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name: Hy Friedman
 Street Address: 2003 Granada Dr. Apt. L-1
 City: Coconut Creek FL Zip Code: 33066

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: VD NAME: IZOLD, SPAIZER STREET ADDRESS: 2803 VICTORIA WAY H-1 CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE: P/D NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: NABSON, ROSALYN STREET ADDRESS: 2660 CARAMBOLA CIR N CITY-ST-ZIP: COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LEONARD, PAUL I STREET ADDRESS: 3301 ARUBA WAY CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE: T NAME: Hy Friedman STREET ADDRESS: 2003 Granada Dr. Apt. L-1 CITY-ST-ZIP: Coconut Creek, FL 33066 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: LIEBERMAN, SAM STREET ADDRESS: 3203 PORTOFINO PT #E3 CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE: V/D NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COFFINO, GLADYS STREET ADDRESS: 3003 PORTOFINO ISLE #M-3 CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: V/D NAME: Hanni Geller STREET ADDRESS: 2510 Calamondin Circle CITY-ST-ZIP: Coconut Creek, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE: Israel Spaizer 1/21/05 954-975-4666
 Signature and typed or printed name of signing officer or director Date Daytime Phone #