


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 041 \*\*\*\*61.25

<b>DOCUMENT # N09397</b>					
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			
Zip	Country	Zip	Country	4. FEI Number 59-2531428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIEDMAN, HY 2003 GRANADA DRIVE APT. L-1 COCONUT CREEK, FL 33066				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IZOLD, SPAIZER		NAME		
STREET ADDRESS	2803 VICTORIA WAY H-1		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NABSON, ROSALYN		NAME	VD	
STREET ADDRESS	2660 CARAMBOLA CIR N		STREET ADDRESS	Dr. Richman, Harry	
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP	3700 Oaks Clubhouse Bldg. 71	
				Pompano Beach, FL 33069	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDMAN, HY		NAME		
STREET ADDRESS	2003 GRANADA DRIVE L-1		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBERMAN, SAM		NAME		
STREET ADDRESS	3203 PORTOFINO PT #E3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COFFINO, GLADYS		NAME		
STREET ADDRESS	3003 PORTOFINO ISLE #M-3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GELLER, HANNI		NAME	VD	
STREET ADDRESS	2510 CALAMONDIN CIRCLE		STREET ADDRESS	Richman, Anne	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	3501 Bimini Lane #A-2	
				Coconut Creek, FL 33066	
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: _____		Date: 2/8/06		Daytime Phone #: 954-975-4666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					