


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N09397 1. Entity Name CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.	
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Principal Place of Business 1447 LYONS ROAD COCONUT CREEK, FL 33063	Mailing Address 1447 LYONS ROAD COCONUT CREEK, FL 33063
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03242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2531428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, HY  
 2003 GRANADA DRIVE  
 APT. L-1  
 COCONUT CREEK, FL 33066

**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 \_\_\_\_\_ (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

000000873706  
 04/10/08-80089-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEGRIN, CELIA MRS. 2201 LUCAYA BEND #E3 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRAGER, SARAH MRS. 3502 BIMINI LANE #J2 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRIEDMAN, HY 2003 GRANADA DRIVE L-1 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIEBERMAN, SAM 3203 PORTOFINO PT #E3 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COFFINO, GLADYS 3003 PORTOFINO ISLE #M-3 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RICHMAN, ANNE 3501 BIMINI LANE # A-2 COCONUT CREEK, FL 33066

**DO NOT WRITE 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: Hy Friedman 3/24/08 954-975-4666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #