

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N09397

Entity Name: CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.

Current Principal Place of Business:

1447 LYONS ROAD
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

1447 LYONS ROAD
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 59-2531428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, HY
2003 GRANADA DRIVE
APT. L-1
COCONUT CREEK, FL 33066 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: P () Delete
Name: NEGRIN, CELIA MRS.
Address: 2201 LUCAYA BEND #E3
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: PRAGER, SARAH MRS.
Address: 3502 BIMINI LANE #J2
City-St-Zip: COCONUT CREEK, FL 33066

Title: T () Delete
Name: FRIEDMAN, HY
Address: 2003 GRANADA DRIVE L-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: P () Delete
Name: LIEBERMAN, SAM
Address: 3203 PORTOFINO PT #E3
City-St-Zip: COCONUT CREEK, FL 33066

Title: S () Delete
Name: COFFINO, GLADYS
Address: 3003 PORTOFINO ISLE #M-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: V () Delete
Name: RICHMAN, ANNE
Address: 3501 BIMINI LANE # A-2
City-St-Zip: COCONUT CREEK, FL 33066

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
Name:
Address:
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: HY FRIEDMAN

Electronic Signature of Signing Officer or Director

MR.

01/16/2009

_____ Date