

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002391

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: CONGREGATION BETH TEFILLAH, INC.

**Current Principal Place of Business:**

154 FIELDSTREAM NORTH BLVD  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

10001 CRENSHAW CIRCLE  
CLERMONT, FL 34711 US

**Current Mailing Address:**

154 FIELDSTREAM NORTH BLVD  
ORLANDO, FL 32825 US

**New Mailing Address:**

1730 E HIGHWAY 50  
81  
CLERMONT, FL 34711 US

FEI Number: 27-2077040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHAELSON, IRA M  
154 FIELDSTREAM NORTH BLVD  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

MICHAELSON, IRA M  
10001 CRENSHAW CIRCLE  
CLERMONT, FL 34711 US

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: IRA M MICHAELSON

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHAELSON, IRA M  
Address: 10001 CRENSHAW CIRCLE  
City-St-Zip: CLERMONT, FL 34711 US

Title: SEC  
Name: MICHAELSON, LORI J  
Address: 10001 CRENSHAW CIRCLE  
City-St-Zip: CLERMONT, FL 34711 US

Title: VP  
Name: STRATTON, CHARLES B JR.  
Address: 525 SOUTH CONWAY RD UNIT #29  
City-St-Zip: ORLANDO, FL 32807

Title: D  
Name: BUCK, STEVEN D  
Address: 2426 BAY LAKE LOOP  
City-St-Zip: GROVELAND, FL 34736

Title: D  
Name: FABRICANT, STUART  
Address: 21007 ENCINO DAWN  
City-St-Zip: SAN ANTONIO, TX 78259

Title: D  
Name: COLEMAN, MICHAEL  
Address: 844 ROYALWOOD LN  
City-St-Zip: OVIEDO, FL 32756

I hereby 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 all other like empowered.

SIGNATURE: IRA M MICHAELSON

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date