FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15164** **(9)**

1. Corporation Name

CONGREGATION BETH AM OF TAMPA, INC.

Principal Place of Business	Mailing Address
2030 W FLETCHER AVE ~~12440 N DALE MABRY E-3~~ TAMPA F 33612 US	2030 W. FLETCHER AVE ~~12440 N DALE MABRY E-3~~ TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2678553 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2030 W. Fletcher Ave.	26 2030 W. Fletcher Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SINGER, GILBERT M.
1505 NORTH FLORIDA AVENUE
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name: Wise, Robert
82 Street Address (P.O. Box Number is Not Acceptable): ~~1903 Cape Bend Ave.~~
83: 3418 Handy Road # 204
84 City: Tampa FL 85 Zip Code: 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Robert S. Wise 4-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition D/P Lorenzen, Ellen
NAME	KAUFMANN, BARRY	12 NAME	
STREET ADDRESS	11111 CARROLLWOOD DR	13 STREET ADDRESS	16209 Lake Magdalene Blvd.
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP	Tampa, FL 33613
TITLE	D/V	21 TITLE	☐ Change ☐ Addition
NAME	LEMPERT, LARRY	22 NAME	D/V Brunhild, Golda
STREET ADDRESS	5909 HAMMOCK WOOD	23 STREET ADDRESS	501 Rivera Dr.
CITY-ST-ZIP	ODESSA FL 33556	24 CITY-ST-ZIP	Tampa, FL 33606
TITLE	D/V	31 TITLE	☐ Change ☐ Addition
NAME	LORENZEN, ELLEN	32 NAME	D/V Sirot, Gerson
STREET ADDRESS	16209 LAKE MAGDALENE BLVD	33 STREET ADDRESS	9491 Highland Oaks Dr. #1502
CITY-ST-ZIP	TAMPA FL 33549	34 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D/V	41 TITLE	☐ Change ☐ Addition
NAME	EDENSON, CLAUDIA	42 NAME	D/V Cooper,, Elizabeth
STREET ADDRESS	15039 NOTTING HILL DR	43 STREET ADDRESS	22146 Rosewall Ct.
CITY-ST-ZIP	LUTZ FL 33549	44 CITY-ST-ZIP	Land O Lakes, FL 33549
TITLE	D/T	51 TITLE	☐ Change ☐ Addition
NAME	BRUNHILD, GORDON	52 NAME	D/T Osheroff, Stephen
STREET ADDRESS	501 RIVIERA DR	53 STREET ADDRESS	178-15B Sailfish Dr.
CITY-ST-ZIP	TAMPA FL 33606	54 CITY-ST-ZIP	Lutz, FL 33549
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	D Kaufmann, Barry
STREET ADDRESS		63 STREET ADDRESS	11111 Carrollwood Dr.
CITY-ST-ZIP		64 CITY-ST-ZIP	Tampa, FL 33618

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry C Kaufmann Barry C. Kaufmann 4-18-95 (813) 971-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084180