


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90034 012 \*\*\*\*61.25

<b>DOCUMENT # N15164</b> 1. Entity Name <b>CONGREGATION BETH AM OF TAMPA, INC.</b>					
Principal Place of Business <b>2030 W FLETCHER AVE TAMPA, F 33612 US</b>			Mailing Address <b>2030 W FLETCHER AVE TAMPA, FL 33612 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2678553</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEWIS, KATZ 8810 HEATHER GLEN CT TAMPA, FL 33647</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> <b>LEWIS KATZ</b> DATE <b>3/25/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>LEWIS, KATZ 8810 HEATHER GLEN CT TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT LIL KAUFMANN 1111 CARROLLWOOD DR TAMPA, FL 33618</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <b>YOUNG, KENNETH 1705 CAPE BEND AVE TAMPA, FL 33613</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAST PRESIDENT BIL BRENN 13902 KHIANI CT TAMPA, FL 33624</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP <b>BARUCH, RON 15008 REDELIFF DR. TAMPA, FL 33625</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELET LESLIE AARON 6519 GRAZING LN ODESSA, FL 33556</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRD <b>GOURSE, MAXINE 16606 CALICO PL TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CATHY FRIEDMAN 508 MONTROSE AVE TEMPLE TERRACE, FL 33617</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD <b>TOCKMAN, MEL 5033 WESLEY DR. TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MICHAEL MONACO 14727 TALL TREE DR LUTZ, FL 33549</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD <b>KUSTIN, BRAD 1708 MAGDAIENE MANOR DR. ODESSA, FL 33556</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EILEEN POILEY 9718 FOXCHAPEL RD TAMPA, FL 33627 (over)</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <b>TREASURER</b> <b>813 627 6755</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*\* Please note changes were made on last year's form.*