

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 002 ****61.25

DOCUMENT # N28363			
1. Entity Name CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.			
Principal Place of Business 315 N. 13TH ST LEESBURG FL 34748		Mailing Address 2406 TWICKINGHAM COURT CLERMONT FL 34711	
2. Principal Place of Business		3. Mailing Address 3528 WESTERHAM DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLERMONT, FL 34711		4. FEI Number 59-2142219	
Zip		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGENSTERN, ALAN 2406 TWICKINGHAM CT CLERMONT FL 34711		7. Name and Address of New Registered Agent Name: KENNETH GOLDWICH Street Address (P.O. Box Number is Not Acceptable): 3528 WESTERHAM DRIVE City: CLERMONT FL Zip Code: 34711	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANKY, AL 9720 FAIRWAY CIR LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSLYN W. GOLDWICH 3528 WESTERHAM DRIVE CLERMONT, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGENSTERN, STEPHANIE 2406 TWICKINGHAM CT CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHELE GOTTLIEB 2196 CAXTON AVENUE CLERMONT, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORGENSTERN, ALAN 2406 TWICKINGHAM CT CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNETH GOLDWICH 3528 WESTERHAM DRIVE CLERMONT, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: KENNETH GOLDWICH		2/9/04 352-241-9750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	