## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28363

FILED Apr 28, 2009 Secretary of State

Entity Name: CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 315 N. 13TH ST LEESBURG, FL 34748 FEI Number: 59-2142219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLICK, MICHAEL 4323 SERENE CIRCLE FRUITLAND PARK, FL 34731 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HORNSTEIN, JOSEPH GLICK, MICHAEL Name: Name: 4323 SERENE CIRCLE Address: 5039 MOCKINGBIRD LANE Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: FRUITLAND PARK, FL 34731 Title: ( ) Delete Title: (X) Change ( ) Addition GRAE, ARTHUR Name: GOLDENSOHN, SAM Name: Address: 27542 DISCOVER CT Address: 607 LISBON LN City-St-Zip: LEESBURG, FL 34748 City-St-Zip: THE VILLAGES, FL 32159 Title: () Delete Title: (X) Change ( ) Addition SINGER, PAMELA J CUTLER, STEPHEN J Name: Name: 430 BENTWOOD DR. 1402 BETHUNE WAY Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: THE VILLAGES, FL 32162 Title: () Delete Title: SD (X) Change ( ) Addition BORK, LINDA Name: LEVINE, MICHAEL Name: 33835 OVERTON DRIVE 5147 AUORA DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: ( ) Change (X) Addition GLICK, MICHAEL Name: Name: 4323 SERENE CIR Address: Address: FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition POLONIECKI, BRIAN Name: Name: Address: Address: 424 MILLS AVENUE EUSTIS, FL 32726 City-St-Zip: 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: JOSEPH HORNSTEIN P 04/28/2009