

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:

315 N. 13TH ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

315 N. 13TH ST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2142219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICK, MICHAEL
4323 SERENE CIRCLE
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GLICK, MICHAEL
Address: 4323 SERENE CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP () Delete
Name: GRAE, ARTHUR
Address: 27542 DISCOVER CT
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: SINGER, PAMELA J
Address: 430 BENTWOOD DR.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: LEVINE, MICHAEL
Address: 33835 OVERTON DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORNSTEIN, JOSEPH
Address: 5039 MOCKINGBIRD LANE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP (X) Change () Addition
Name: GOLDENSOHN, SAM
Address: 607 LISBON LN
City-St-Zip: THE VILLAGES, FL 32159

Title: TD (X) Change () Addition
Name: CUTLER, STEPHEN J
Address: 1402 BETHUNE WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: SD (X) Change () Addition
Name: BORK, LINDA
Address: 5147 AUORA DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Change (X) Addition
Name: GLICK, MICHAEL
Address: 4323 SERENE CIR
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Change (X) Addition
Name: POLONIECKI, BRIAN
Address: 424 MILLS AVENUE
City-St-Zip: EUSTIS, FL 32726

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

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04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date