

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28363

FILED  
Feb 03, 2012  
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:**

ENGLANDER, DAVID H  
27115 NOSTALGIA DRIVE  
LEESBURG, FL 34748      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  
Name: BORK, LINDA  
Address: 5147 AURORA DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: VP  
Name: STEMERMAN, MARSHA  
Address: 5441 AURORA DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: TD  
Name: ENGLANDER, DAVID H  
Address: 27115 NOSTALGIA DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: SD  
Name: BLANKENSHIP, GLORIA  
Address: 1473 GEORGETOWN AVE  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: LIBENSON, WALTER  
Address: 1304 GREENVILLE WAY  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: BERGER, PHYLIS  
Address: 2920 COCOVIA WAY  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: DAVID H ENGLANDER

TD

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date