

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 019 ****61.25

DOCUMENT # N28549

1. Entity Name
CONGREGATION BETH DAVID



Principal Place of Business
2625 SW THIRD AVE
MIAMI, FL 33129 US

Mailing Address
2625 SW THIRD AVE
MIAMI, FL 33129 US

54064682



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0637812

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAUM, SYDNEY S
201 ALHAMBRA CIRCLE
SUITE #1200
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$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 **TD** Delete
 NAME **FOX, HARRIETT**
 STREET ADDRESS **2440 SW 27 LANE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **TD** Change Addition
 NAME **José Portnoy**
 STREET ADDRESS **10179 SW 127ST**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **SD** Delete
 NAME **RAPHAEL, MILLIE**
 STREET ADDRESS **1581 BRICKELL AVENUE APT 905**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **SD** Change Addition
 NAME **Vieki Litwer**
 STREET ADDRESS **3700 Harlano St.**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **P** Delete
 NAME **ZAKARIN, ARLENE**
 STREET ADDRESS **375 CAMPANA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TOBIN, LESLEY**
 STREET ADDRESS **1767 MICANOPY AVENUE**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **D** Change Addition
 NAME **Jay Spieler**
 STREET ADDRESS **6820 Tondera St.**
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **VD** Delete
 NAME **SCHWARTZ, DANIEL**
 STREET ADDRESS **1715 TIGER TAIL AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LITWER, BRUCE**
 STREET ADDRESS **3700 HARLANO STREET**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/04

Date

(305) 854-3911

Daytime Phone #