

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28549

FILED  
May 23, 2007  
Secretary of State

Entity Name: CONGREGATION BETH DAVID

**Current Principal Place of Business:**

2625 SW THIRD AVE  
MIAMI, FL 33129 US

**New Principal Place of Business:**

**Current Mailing Address:**

2625 SW THIRD AVE  
MIAMI, FL 33129 US

**New Mailing Address:**

FEI Number: 59-0637812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TRAUM, SYDNEY S.  
1320 S DIXIE HIGHWAY  
PH 1275  
CORAL GABLES, FL 33146 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: VP      ( ) Delete  
Name: PORTNOY, JOSE  
Address: 10179 SW 127 STREET  
City-St-Zip: MIAMI, FL 33176

Title: SD      ( ) Delete  
Name: LITWER, VICKI  
Address: 3700 HARLANO ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: P      ( ) Delete  
Name: SCHWARTZ, DANIEL  
Address: 1715 TIGERTAIL AVE  
City-St-Zip: MIAMI, FL 33133

Title: EVP      ( ) Delete  
Name: SPIELER, JAY  
Address: 6820 TORDERA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP      ( ) Delete  
Name: RAPHAEL, MILLIE  
Address: 1581 BRICKELL AVENUE, APT 905  
City-St-Zip: MAIMI, FL 33129

Title: D      ( ) Delete  
Name: LITWER, BRUCE  
Address: 3700 HARLANO STREET  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: CAROLINE GREENWOOD

MS.

05/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date