

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28549

FILED
Apr 14, 2009
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 ()

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JULIE, ROSENFELD
Address: 201 CRANDON BLVD #437
City-St-Zip: KEY BISCAYNE, FL 33129

Title: VP (X) Change () Addition
Name: MARTIN, HERSHBEIN
Address: 9300 SW 104 CT
City-St-Zip: MIAMI, FL 33176

Title: P (X) Change () Addition
Name: SPIELER, JAY
Address: 6820 TORDERA ST
City-St-Zip: CORAL GABLES, FL 33146

Title: EVP (X) Change () Addition
Name: RAPHAEL, MILLIE
Address: 1581 BRICKELL AVE #315
City-St-Zip: MIAMI, FL 33129

Title: VP (X) Change () Addition
Name: RICHARD, WAAS
Address: 11000 SW 92 AVE
City-St-Zip: MAIMI, FL 33176

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: JAY SPIELER

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date