

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28549

FILED  
May 14, 2010  
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:**

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

TRAUM, SYDNEY S.  
1320 S DIXIE HIGHWAY  
PH 1275  
CORAL GABLES, FL 33146 US

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  
**Name:** JULIE, ROSENFELD  
**Address:** 201 CRANDON BLVD #437  
**City-St-Zip:** KEY BISCAYNE, FL 33129

**Title:** VP  
**Name:** MARTIN, HERSHBEIN  
**Address:** 9300 SW 104 CT  
**City-St-Zip:** MIAMI, FL 33176

**Title:** P  
**Name:** SPIELER, JAY  
**Address:** 6820 TORDERA ST  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** EVP  
**Name:** RAPHAEL, MILLIE  
**Address:** 1581 BRICKELL AVE #315  
**City-St-Zip:** MIAMI, FL 33129

**Title:** VP  
**Name:** RICHARD, WAAS  
**Address:** 11000 SW 92 AVE  
**City-St-Zip:** MAIMI, FL 33176

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: MILLIE RAPHAEL

P

05/14/2010

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

\_\_\_\_\_  
Date