

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0029063

03-29-2001 90024 040 ****70.00

DOCUMENT # N36000

1. Entity Name

CONGREGATION M'ATEH CHAIM, INCORPORATED

Principal Place of Business

Mailing Address

P. O. BOX 060847
 PALM BAY FL 32906

P. O. BOX 060847
 PALM BAY FL 32906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2970132

Applied For

Not Applicable

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

~~BURBERRY, LEE~~
769 JOHN CARROLL LANE
WEST MELBOURNE FL 32904

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTNOWITZ, BARRY	
STREET ADDRESS	170 DRISKELL ST N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURBERRY, LEE	
STREET ADDRESS	769 JOHN CARROLL LN	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, BOB	
STREET ADDRESS	1241 MEDINA AVENUE NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAY, HARRIETT	
STREET ADDRESS	198 PELICAN DR. N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIFF, MARILYN	
STREET ADDRESS	1372 ASHFORD ST.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, HELENE	
STREET ADDRESS	481 TOPEKA RD. SW	
CITY-ST-ZIP	PALM BAY FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Blaukott	
STREET ADDRESS	290 Bry-lynn dr	
CITY-ST-ZIP	West Melbourne FL 32904	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynda Wilson	
STREET ADDRESS	2580 Ranch Rd	
CITY-ST-ZIP	West Melbourne FL 32904	

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: *Lee Burberry* Treasurer **3/25/05** 321 224 9214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)