


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 036 ****61.25

DOCUMENT # N36000			
1. Entity Name CONGREGATION M'ATEH CHAIM, INCORPORATED			
Principal Place of Business P. O. BOX 060847 PALM BAY, FL 32906		Mailing Address P. O. BOX 060847 PALM BAY, FL 32906	
2. Principal Place of Business <i>2105 Palm Bay Rd</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>8W</i>		Suite, Apt. #, etc.	
City & State <i>Palm Bay FL</i>		City & State	
Zip <i>32905</i>		Country <i>USA</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PORTNOWITZ, BARRY 170 DRISKELL ST N.E. PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>32907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURBERRY, LEE 769 JOHN CARROLL LN WEST MELBOURNE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Gerald Nadler 3567 Mount Carmel Ln. Melbourne, FL 32901</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIER, DEBBIE 284 HUMKEY ST. NE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, HARRIETT 198 PELICAN DR. N.E. PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D 32907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFF, MARILYN 1372 ASHFORD ST. PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VP 32907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, LYNDA 2580 RANCH ROAD WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P 32907</i>
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: <i>[Signature]</i>		Date: <i>8/22/05</i> Daytime Phone #: <i>321-733-0400</i> <i>8445</i>	

