


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 045 ****70.00

DOCUMENT # N36000					
1. Entity Name CONGREGATION M'ATEH CHAIM, INCORPORATED					
Principal Place of Business 451 RIVIERA DR C/O UNITED CHURCH OF CHRIST PALM BAY, FL 32905		Mailing Address P. O. BOX 060847 PALM BAY, FL 32906			
2. Principal Place of Business - No P.O. Box #		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 <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ju Bz</i> Treasurer				DATE 4/15/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTNOWITZ, BARRY		NAME		
STREET ADDRESS	170 DRISKELL ST N.E.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURBERRY, LEE		NAME		
STREET ADDRESS	769 JOHN CORROLLA LN		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNIER, DEBBIE		NAME		
STREET ADDRESS	284 HUMKEY ST. NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAY, HARRIETT		NAME	VP	
STREET ADDRESS	198 PELICAN DR. N.E.		STREET ADDRESS	5/2 Fryman	
CITY-ST-ZIP	PALM BAY, FL 32907		STREET ADDRESS	2101 Pumpkin Place NE	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	SCHIFF, MARILYN		NAME		
STREET ADDRESS	1372 ASHFORD ST.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, LYNDA		NAME		
STREET ADDRESS	2580 RANCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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>Ju Bz</i>				DATE: 4/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 3217249214	