

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36000

FILED
Jan 11, 2012
Secretary of State

Entity Name: CONGREGATION M'ATEH CHAIM, INCORPORATED

Current Principal Place of Business:

451 RIVIERA DR
C/O UNITED CHURCH OF CHRIST
PALM BAY, FL 32905

New Principal Place of Business:

2129 WEST NEW HAVEN AVENUE
BUENA VIDA ESTATES CHAPEL
MELBOURNE, FL 32904

Current Mailing Address:

P. O. BOX 060847
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 59-2970132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURBERRY, LEE
769 JOHN CARROLL LANE
WEST MELBOURNE, FL 32904 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: D
Name: KARST, MANDY
Address: 807 GLADIOLA AVE.
City-St-Zip: SEBASTIAN, FL 32958

Title: T
Name: BURBERRY, LEE
Address: 769 JOHN CARROLL LN
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D
Name: BERNIER, DEBBIE
Address: 284 HUMKEY ST. NE
City-St-Zip: PALM BAY, FL 32907

Title: VP
Name: ORLINSKY, ADELE
Address: 841 SPANISH WELLS DR
City-St-Zip: MELBOURNE, FL 3294

Title: D
Name: SCHIFF, MARILYN
Address: 1372 ASHFORD ST.
City-St-Zip: PALM BAY, FL 32907

Title: P
Name: SIMON, HELENE
Address: 481 TOPEKA RD SW
City-St-Zip: PALM BAY, FL 32908

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: LEE BURBERRY

T

01/11/2012

Electronic Signature of Signing Officer or Director

_____ Date