

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44285

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: CONGREGATION BET CHAI'M, INC.

## Current Principal Place of Business:

426 LAKE PORT COVE  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

426 LAKE PORT COVE  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 59-3087438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHN, STEVE  
3564 MOSS POINT PLACE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

OXMAN, STUART  
2920 AMROTH PLACE  
CASSELBERRY, FL 32707 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: STUART OXMAN

01/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: OXMAN, STUART  
Address: 729 MINERVA LN  
City-St-Zip: LAKE MARY, FL 32746

Title: VPD ( ) Delete  
Name: GRAY, SALLY  
Address: 3342 CAMBAY AVE  
City-St-Zip: ORLANDO, FL 32817

Title: T ( ) Delete  
Name: SALZBURG, RICHARD  
Address: 260 SPRINGSIDE RD  
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Delete  
Name: ZOOCK, STUART  
Address: 729 MINERVA LANE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: GRAY, SALLY  
Address: 3342 CAMBAY AVE  
City-St-Zip: ORLANDO, FL 32817

Title: VPD (X) Change ( ) Addition  
Name: SALZBURG, MERIL  
Address: 260 SPRINGSIDE RD  
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change ( ) Addition  
Name: OXMAN, STUART  
Address: 2920 AMROTH PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change ( ) Addition  
Name: GOTHELF, MICHAEL  
Address: 101 NORRIS PLACE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STUART OXMAN

T

01/29/2008

Electronic Signature of Signing Officer or Director

Date