

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001218

FILED
Feb 12, 2009
Secretary of State

Entity Name: CONGREGATION GESHER SHALOM OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 103
WEST PALM BEACH, FL 334095207 US

New Principal Place of Business:

Current Mailing Address:

1800 OLD OKEECHOBEE ROAD
SUITE 103
WEST PALM BEACH, FL 334095207 US

New Mailing Address:

FEI Number: 65-0274838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENFIELD, RICHARD D
5886 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS, FL 334181528 US

Name and Address of New Registered Agent:

MICHAELSON, IRA M
7033 STAPOINT CT
SUITE G
WINTER PARK, FL 32792 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: IRA M MICHAELSON

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLUGE, CHARLES I RABBI
Address: 2231 THREE RIVERS DR
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: MAASS, MICHAEL G PASTOR
Address: 76 IRONWOOD WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SDT () Delete
Name: GREENFIELD, RICHARD D
Address: 5886 GOLDEN EAGLE CIR
City-St-Zip: PALM BEACH GARDENS, FL 334181528

Title: D () Delete
Name: KLUGE, RHODA E
Address: 2231 THREE RIVERS DR
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MICHAELSON, IRA M
Address: 14131 MORNING FROST DR
City-St-Zip: ORLANDO, FL 32828

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: CHARLES I KLUGE

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date