


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-23-2004 90269 017 ****61.25

| | | | | | |
|---|------------------------|--|--|--|--|
| DOCUMENT # N94000000177 | | | |  | |
| 1. Entity Name CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC. | | | | | |
| Principal Place of Business 19785 HAMPTON DRIVE BOCA RATON, FL 33434 US | | Mailing Address 19785 HAMPTON DRIVE BOCA RATON, FL 33434 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0459810 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROSENTHAL, IRV 21317 GOSIER WAY BOCA RATON, FL 33428 | | | Name: <u>STEVEN GOODMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>2535 NW 41ST STREET</u> | | |
| | | | City: <u>BOCA RATON</u> FL Zip Code: <u>33434</u> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <u>IRV ROSENTHAL</u> | | <i>[Signature]</i> | | DATE: <u>4/16/04</u> | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | PPD | <input checked="" type="checkbox"/> Delete | TITLE | PID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUSTER, RICK | | NAME | STEVEN GOODMAN | |
| STREET ADDRESS | 21300 PLACIDA TERRACE | | STREET ADDRESS | 2535 NW 41ST STREET | |
| CITY- ST- ZIP | BOCA RATON, FL 33433 | | CITY- ST- ZIP | BOCA RATON, FL 33434 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | VID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALCON, NORMAN | | NAME | NORMAN FALCON | |
| STREET ADDRESS | 23322 WATER CIRCLE | | STREET ADDRESS | 23322 WATER CIRCLE | |
| CITY- ST- ZIP | BOCA RATON, FL 33486 | | CITY- ST- ZIP | BOCA RATON, FL 33486 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENTHAL, IRV | | NAME | IRV ROSENTHAL | |
| STREET ADDRESS | 21317 GOSIER WAY | | STREET ADDRESS | 21317 GOSIER WAY | |
| CITY- ST- ZIP | BOCA RATON, FL 33428 | | CITY- ST- ZIP | BOCA RATON, FL 33428 | |
| TITLE | PVPD | <input type="checkbox"/> Delete | TITLE | TRD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOODMAN, STEVE S | | NAME | MARIETTA WEITZ | |
| STREET ADDRESS | 2535 NW 41 ST | | STREET ADDRESS | AINSLIE D 1066 | |
| CITY- ST- ZIP | BOCA RATON, FL 33434 | | CITY- ST- ZIP | BOCA RATON, FL 33434 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WESS, ANITA VAN | | NAME | MITCHELL MATEZ | |
| STREET ADDRESS | 21331 SAWMILL CT | | STREET ADDRESS | 10518 LAKE VISTA CI. | |
| CITY- ST- ZIP | BOCA RATON, FL 33498 | | CITY- ST- ZIP | BOCA RATON, FL 33498 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCWARTZ, JOY | | NAME | SHERRYL ZIGLER | |
| STREET ADDRESS | 17776 RAINTREE TERRACE | | STREET ADDRESS | 7554 PEBBLE SHORES TERRACE | |
| CITY- ST- ZIP | BOCA RATON, FL 33487 | | CITY- ST- ZIP | LAKE WORTH, FL 33467 | |
| 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: <u>IRV ROSENTHAL</u> | | <i>[Signature]</i> | | Date: <u>4/16/04</u> 561-347-2242 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| <i>[Signature]</i> Steven Goodman 5/20/04 361-989-9116 | | | | | |

66423870



04162004 Chg-NP CR2E037 (10/03)