


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90003 037 ****70.00

DOCUMENT # N94000003917
 1. Entity Name
 CONGREGATION BETH ADAM, INC.



Principal Place of Business P.O BOX 2579 BOCA RATON, FL 33427	Mailing Address P.O BOX 2579 BOCA RATON, FL 33427
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94008064



01232004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0524131	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
 SAUL, B J
 11194 HARBOUR SPRINGS CIRCLE
 BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

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 _____
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, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAUL, B J 11194 HARBOUR SPRINGS CIRCLE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSERMAN, ADELE 5420 VISURNUM CR DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROFF, BOBBI 5579 ROYAL LAKE CR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman Siegelwaks SIEGELWAKS 12553 Via Valenza 9002 RED RUB BOYNTON BEACH, FL 33436-5857 DELRAY BEACH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Norman Siegelwaks **NORMAN SIEGELWAKS** 1/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-443-1769