


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90022 046 ****61.25

DOCUMENT # N94000003917

1. Entity Name
CONGREGATION BETH ADAM, INC.



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

DO NOT WRITE IN THIS SPACE



06182007 No Chg-NP CR2E037 (4/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0524131 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUL, B J
99 SE MIZNER BLVD. #439
BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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 280 SE MIZNER BLVD #432 99SE Mizner Blvd BOCA RATON, FL 33432 # 439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KASERMAN, ADELE 5420 VISURNUM CR DELRAY BEACH, FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZENLEA, MILDRED 3590 VIA POINCIANA APT. 201 LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIEGELWAKS, NORMAN 12553 VIA VALENZA BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT COHN, IRWIN 2810 NW 44TH STREET BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Irwin Cohn** **Jun 18 2007 561 998 1986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #