

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N94000003917

Entity Name: CONGREGATION BETH ADAM, INC.

Current Principal Place of Business:

P.O. BOX 2579
BOCA RATON, FL 33427

New Principal Place of Business:

2810 NW 44TH STREET
BOCA RATON, FL 33434

Current Mailing Address:

P.O. BOX 2579
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0524131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAUL, B J
Address: 995 E MIZNER BLVD #439
City-St-Zip: BOCA RATON, FL 33432

Title: DP (X) Change () Addition
Name: SAUL, B J
Address: 99 E MIZNER BLVD #439
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: KASERMAN, ADELE
Address: 5420 VISURNUM CR
City-St-Zip: DELRAY BEACH, FL 33484

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

Title: D () Delete
Name: ZENLEA, MILDRED
Address: 3590 VIA POINCIANA APT. 201
City-St-Zip: LAKE WORTH, FL 33467

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

Title: D () Delete
Name: SIEGELWAKS, NORMAN
Address: 12553 VIA VALENZA
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: DT () Delete
Name: COHN, IRWIN
Address: 2810 NW 44TH STREET
City-St-Zip: BOCA RATON, FL 33434

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

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: IRWIN COHN

DT

02/06/2009

Electronic Signature of Signing Officer or Director

Date