

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N96000005403

Entity Name: CONGREGATION BETH T'FILAH OF HALLANDALE, FLORIDA INC.

Current Principal Place of Business:

104 S.E. SECOND TERRACE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

104 S.E. SECOND TERRACE
HALLANDALE, FL 33009

New Mailing Address:

P.O. BOX 550775
DAVIE, FL 33355

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODZIN, SIDNEY M
1031 IVES DAIRY ROAD
SUITE 228
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, ROGER
Address: 11721 SW 10 STREET
City-St-Zip: DAVIE, FL 33325

Title: V () Delete
Name: TINNEY, TOM
Address: P.O. BOX 304
City-St-Zip: HALLANDALE, FL 33180

Title: TD () Delete
Name: WEISS, JAN
Address: 8312 S.W. 20 PLACE
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: NELSON, CAROLE
Address: 11721 SW 10 STREET
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLUCKSMAN, SHELDON
Address: 3609 CLEVELAND
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: TD (X) Change () Addition
Name: BOLES, AL
Address: 1395 NE 181ST ST.
City-St-Zip: N. MIAMI BEACH, FL 33162

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLE NELSON

S

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date