

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005403

FILED
Mar 13, 2008
Secretary of State

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

Current Principal Place of Business:

1891 N. 61ST AVE.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550775
DAVIE, FL 33355

New Mailing Address:

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

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 10TH ST
City-St-Zip: DAVIE, FL 33325

Title: V () Delete
Name: LIEBER, WALTER
Address: 3130 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

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

Title: S () Delete
Name: BONNEAU, DONNA
Address: 4345 SW 52ND ST. B
City-St-Zip: FT. LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, ROGER
Address: 570 EASTWOOD LANE
City-St-Zip: WESTON, FL 33326

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

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

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: ROGER NELSON

P

03/13/2008

Electronic Signature of Signing Officer or Director

_____ Date