

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000001283

1. Entity Name
CONGREGATION B'NAI HASHEM, INC.



Principal Place of Business

**1361 TIERRA CIRCLE
WINTER PARK, FL 32792**

Mailing Address

**1361 TIERRA CIRCLE
WINTER PARK, FL 32792**



02012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILVERMAN, JAY F
1361 TIERRA CIRCLE
WINTER PARK, FL 32792**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SILVERMAN, JAY F
STREET ADDRESS	1361 TIERRA CIRCLE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	EVANS, EUGENIA
STREET ADDRESS	1361 TIERRA CIRCLE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	SILVERMAN, DAVID
STREET ADDRESS	950 LAUREL OAKS LANE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000225904
02/11/05-80057-011 61.25

**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)(i), 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: *Jay F. Silverman* **Jay F. Silverman** **2/1/05 (407) 767-7502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #