

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2004
Secretary of State**

DOCUMENT# N99000003539

Entity Name: CONGREGATION SHIRAT SHALOM CORP.

Current Principal Place of Business:

12123 ROCKWELL WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

PO BOX 971142
BOCA RATON, FL 334971142

New Mailing Address:

FEI Number: 65-0926670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVO, SUSAN
22353 SEABASS DR
BOCA RATON, FL 33428 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: D () Delete
Name: SLAVIN, PEARL
Address: 11497 COUNTRY SOUND CT.
City-St-Zip: BOCA RATON, FL 33428

Title: VD () Delete
Name: DEGANI, LEE E
Address: 12123 ROCKWELL WAY
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: PAVAO, SUSAN B
Address: 22353 SEA BASS DR
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: HARRIS, MARLENE
Address: 21025 MADRIA CIR
City-St-Zip: BOCA RATON, FL 33433

Title: P () Delete
Name: WEISS, ELLIOT
Address: 9362 AGEAN DR.
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: DEGAN, DAVID
Address: 12123 ROCKWELL WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LEE DEGANI

VP

02/09/2004

Electronic Signature of Signing Officer or Director

Date