

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 23, 2009  
Secretary of State

DOCUMENT# N99000003539

Entity Name: CONGREGATION SHIRAT SHALOM CORP.

**Current Principal Place of Business:**

22353 SEA BASS DR  
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:**

PAVAO, 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: MARY, MEEKINS L REV  
Address: 2341 SW 42ND TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33317

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

Title: TDS ( ) Delete  
Name: MEEKINS, MARY L  
Address: 12123 RPOCKWELL WAY  
City-St-Zip: BOCA RATON, FL 33428

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

Title: D ( ) Delete  
Name: DEGANI, 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:

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: MARY L. MEEKINS

TDS

03/23/2009

Electronic Signature of Signing Officer or Director

Date