

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008832

**Entity Name:** CONGREGATION BETH JACOB, INC.

**Current Principal Place of Business:**

301 WASHINGTON AVE.  
MIAMI BEACH, FL 33139

**FILED**  
**Apr 06, 2019**  
**Secretary of State**  
**1290446451CC**

**Current Mailing Address:**

12555 BISCAYNE BOULEVARD  
BOX 742  
N MIAMI, FL 33181 US

**FEI Number: 59-0637826**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NELSON, JONATHAN SAMUEL PRESIDENT  
12555 BISCAYNE BOULEVARD  
BOX 742  
NORTH MIAMI, FL 33181 US

*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:** JONATHAN S NELSON

04/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NELSON, JONATHAN  
Address 11520 N BAYSHORE DR  
City-State-Zip: MIAMI FL 33181

Title T  
Name SCHWARTZ, NORMAN  
Address 1951 NE 194TH DR  
City-State-Zip: MIAMI FL 33179

Title VP  
Name GALBUT, RUSSELL ESQ.  
Address 301 WASHINGTON AVE.  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name BALKIN, JOAN  
Address 611 86TH ST  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name FRANK, BERNARD JUDGE  
Address 7441 WAYNE AVE #7B  
City-State-Zip: MIAMI BEACH FL 33141

Title SECRETARY  
Name GREEN, HENRY DR.  
Address 6390 SW 69TH ST  
City-State-Zip: MIAMI FL 33143

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONATHAN NELSON

**PRESIDENT**

04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date