

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09397

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC2148594997**

**Entity Name:** CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.

**Current Principal Place of Business:**

1447 LYONS ROAD  
COCONUT CREEK, FL 33063

**Current Mailing Address:**

1447 LYONS ROAD  
COCONUT CREEK, FL 33063

**FEI Number: 59-2531428**

**Certificate of Status Desired: No**

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

FRIEDMAN, HY  
2003 GRANADA DRIVE  
APT. L-1  
COCONUT CREEK, FL 33066 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAPIRO, ARLINE  
Address        1603 ABACO DR. #K-4  
City-State-Zip: COCONUT CREEK FL 33066

Title            D  
Name            PRAGER, SARAH MRS.  
Address        3502 BIMINI LANE #J2  
City-State-Zip: COCONUT CREEK FL 33066

Title            T  
Name            FRIEDMAN, HY  
Address        2003 GRANADA DRIVE L-1  
City-State-Zip: COCONUT CREEK FL 33066

Title            V  
Name            RICHMAN, ANNE  
Address        3501 BIMINI LANE # A-2  
City-State-Zip: COCONUT CREEK FL 33066

Title            S  
Name            SURGAN, FLORENCE  
Address        1501 CAYMAN WAY APT B3  
City-State-Zip: COCONUT CREEK FL 33066

Title            PRESIDENT  
Name            SEGAL, MURIEL  
Address        2302 LUCAYA LANE #L-4  
City-State-Zip: COCONUT CREEK FL 33066

Title            VP  
Name            SHRUT, SHIRLEY  
Address        3204 PORTOFINO PT. #B-4  
City-State-Zip: COCONUT CREEK FL 33066

*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: MURIEL SEGAL**

**PRESIDENT**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date