

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004398

**Entity Name:** CONGREGATION MEKOR SHALOM, INC.

**Current Principal Place of Business:**

14005A N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

**Current Mailing Address:**

14005A N. DALE MABRY HIGHWAY  
TAMPA, FL 33618 US

**FEI Number: 46-2874839**

**Certificate of Status Desired: No**

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

HATFIELD, HENRY LEON  
14005A N. DALE MABRY HWY  
TAMPA, FL 33618 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 SECRETARY, DIRECTOR  
Name ZUTA, ANDREA  
Address 14005 A NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title PRESIDENT, DIRECTOR  
Name GOLDBERG, JENNIFER  
Address 14005 A NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title TREASURER, DIRECTOR  
Name KOPPELMAN, LAWRENCE  
Address 14005A NORTH DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title CO-VICE PRESIDENT, DIRECTOR  
Name HATFIELD, YAEL  
Address 14005A NORTH DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title CO-VICE PRESIDENT, DIRECTOR  
Name KAMIS, JEFFREY  
Address 14005A N. DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*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: LAWRENCE KOPPELMAN**

**TREASURER**

**02/08/2021**

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

\_\_\_\_\_  
Date