

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004682

Entity Name: CONGREGATION EITZ CHAYIM, INC.**Current Principal Place of Business:**540 NW UNIVERSITY BLVD
SUITE 102
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**4499 SW HAGAPLAN STREET
PORT SAINT LUCIE, FL 34953**FEI Number:** 47-3866900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADDRESS, STUART M
611 SW FEDERAL HIGHWAY
SUITE A
STUART, FL 34994 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	D
Name	LOBB, JOLAN
Address	4499 SW HAGAPLAN STREET
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	SD
Name	KLEIN, SHIRLEY
Address	1901 WINDING CREEK LN
City-State-Zip:	FORT PIERCE FL 34981

Title	D
Name	KANE, JAMES
Address	8415 MULLIGAN CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	D
Name	ADDRESS, STUART M
Address	6970 NW DENARGO STREET
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TD
Name	HINKLEY, PATTI A
Address	2433 SW GAY CIR
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	DIRECTOR
Name	WISHNIA, SANDRA
Address	8415 MULLIGAN CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: JOLAN LOBB**DIRECTOR****09/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date