Current Principal Place of Business:
Entity Name: CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.
DOCUMENT# N28363

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

315 N. 13TH ST LEESBURG, FL 34748

#### **Current Mailing Address:**

315 N. 13TH ST LEESBURG, FL 34748

## FEI Number: 59-2142219

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

ENGLANDER, DAVID H 27115 NOSTALGIA DRIVE LEESBURG, FL 34748 US Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	PD	Title	VP	
Name	BORK, LINDA	Name	KRAFT, BURTON	
Address	5147 AURORA DRIVE	Address	803 CHAPMAN LOOP	
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	THE VILLAGES FL 32162	
Title	TD	Title	SD	
Name	ENGLANDER, DAVID H	Name	WEINBAUM, DIANE	
Address	27115 NOSTALGIA DRIVE	Address	637 MISTI DRIVE	
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34788	
Title	D	Title	D	
Name	JACOBS, FRED	Name	BERGER, PHYLIS	
Address	1254 SPARTANBURG WAY	Address	2920 COCOVIA WAY	
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	LEESBURG FL 34748	
Title	DIRECTOR			

 Title
 DIRECTOR

 Name
 HAYES, MARNELL L DR.

 Address
 2 ORANGE BLOSSOM DRIVE

City-State-Zip: EUSTIS FL 32726

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: DAVID H ENGLANDER

TREASURER

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date