

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28363

**FILED**  
**Jan 14, 2017**  
**Secretary of State**  
**CC2998677274**

**Entity Name:** CONGREGATION BETH SHOLOM OF LAKE COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

315 N. 13TH ST  
LEESBURG, FL 34748

**Current Mailing Address:**

315 N. 13TH ST  
LEESBURG, FL 34748

**FEI Number: 59-2142219**

**Certificate of Status Desired: No**

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

ENGLANDER, DAVID H  
27115 NOSTALGIA DRIVE  
LEESBURG, FL 34748 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           BORK, LINDA  
Address        5147 AURORA DRIVE  
City-State-Zip: LEESBURG FL 34748

Title           VP  
Name           KRAFT, BURTON  
Address        803 CHAPMAN LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title           TREASURER  
Name           ENGLANDER, DAVID H  
Address        27115 NOSTALGIA DRIVE  
City-State-Zip: LEESBURG FL 34748

Title           SECRETARY  
Name           WEINBAUM, DIANE  
Address        637 MISTI DRIVE  
City-State-Zip: LEESBURG FL 34788

Title           DIRECTOR  
Name           JACOBS, FRED  
Address        1254 SPARTANBURG WAY  
City-State-Zip: THE VILLAGES FL 32162

Title           DIRECTOR  
Name           BERGER, PHYLIS  
Address        2920 COCOVIA WAY  
City-State-Zip: LEESBURG FL 34748

Title           DIRECTOR  
Name           HAYES, MARNELL L DR.  
Address        2 ORANGE BLOSSOM DRIVE  
City-State-Zip: EUSTIS FL 32726

Title           DIRECTOR  
Name           WRIGHT, BARRY  
Address        27629 MOORING COVE COURT  
City-State-Zip: YALAHA FL 34797

**Continues on page 2**

*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**

**01/14/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           POMERANZ, IRVING  
Address        2920 COCOVIA WAY  
City-State-Zip: LEESBURG FL 34748