

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28363

FILED
Jan 06, 2018
Secretary of State
CC7385845263

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

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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

01/06/2018

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