

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28363

FILED
Jan 04, 2024
Secretary of State
3633866963CC

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 KRAFT, ANDREA
Address 1298 N HUNT CLUB DRIVE
City-State-Zip: HERNANDO FL 34442

Title VP
Name KOST, LINDA
Address 9175 SW 89TH LOOP
City-State-Zip: OCALA FL 34481

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

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

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

Title DIRECTOR
Name RIZZOTTO, FRANCINE
Address 314 WATERWOOD DRIVE
City-State-Zip: YALAHA FL 34797

Title DIRECTOR
Name BYRNE, SANDRA
Address 9116 E LISA COURT
City-State-Zip: INVERNESS FL 34450

Title SECRETARY
Name BACHMANN, HELENE
Address 3124 BURNS DRIVE
City-State-Zip: THE VILLAGES FL 32163

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 ENGLANDER

TREASURER

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLANKENSHIP, GLORIA
Address 1473 GEORGETOWN AVENUE
City-State-Zip: THE VILLAGES FL 32162