

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28363

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

**FILED**  
**Jan 08, 2023**  
**Secretary of State**  
**5777790208CC**

**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           SOLOTOROFF, BEN  
Address        3532 OBRIEN PLACE  
City-State-Zip: THE VILLAGES FL 32163

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**

**01/08/2023**

\_\_\_\_\_  
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