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

2022 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 :

Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	KRAFT, ANDREA	Name	KOST, LINDA		
Address	1298 N HUNT CLUB DRIVE	Address	9175 SW 89TH LOOP		
City-State-Zip:	HERNANDO FL 34442	City-State-Zip:	OCALA FL 34481		
Title	TREASURER	Title	SECRETARY		
Name	ENGLANDER, DAVID H	Name	JACOBS, FRED		
Address	27115 NOSTALGIA DRIVE	Address	1254 SPARTANBURG WAY		
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	THE VILLAGES FL 32162		
Title Name Address	DIRECTOR WRIGHT, BARRY 27629 MOORING COVE COURT	Title Name Address	DIRECTOR WEINBAUM, DIANE 637 MISTI DRIVE		
Name	WRIGHT, BARRY	Name	WEINBAUM, DIANE		
Name Address	WRIGHT, BARRY 27629 MOORING COVE COURT	Name Address	WEINBAUM, DIANE 637 MISTI DRIVE		
Name Address City-State-Zip:	WRIGHT, BARRY 27629 MOORING COVE COURT YALAHA FL 34797	Name Address City-State-Zip:	WEINBAUM, DIANE 637 MISTI DRIVE LEESBURG FL 34788		
Name Address City-State-Zip: Title	WRIGHT, BARRY 27629 MOORING COVE COURT YALAHA FL 34797 DIRECTOR	Name Address City-State-Zip: Title	WEINBAUM, DIANE 637 MISTI DRIVE LEESBURG FL 34788 DIRECTOR		
Name Address City-State-Zip: Title Name	WRIGHT, BARRY 27629 MOORING COVE COURT YALAHA FL 34797 DIRECTOR SOLOTOROFF, BEN	Name Address City-State-Zip: Title Name	WEINBAUM, DIANE 637 MISTI DRIVE LEESBURG FL 34788 DIRECTOR BYRNE, SANDRA		

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

01/19/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 19, 2022 Secretary of State 3775329588CC