

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36000

**Entity Name:** CONGREGATION M'ATEH CHAIM, INCORPORATED

**Current Principal Place of Business:**

2105 PALM BAY RD  
UNIT 1  
PALM BAY, FL 32905

**Current Mailing Address:**

P. O. BOX 060847  
PALM BAY, FL 32906

**FEI Number: 59-2970132**

**Certificate of Status Desired: Yes**

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

BURBERRY, LEE  
769 JOHN CARROLL LANE  
WEST MELBOURNE, FL 32904 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 DIRECTOR  
Name WILSON, LYNDA  
Address 2580 RANCH RD  
City-State-Zip: MELBOURNE FL 32904-9065

Title TREASURER  
Name BURBERRY, LEE  
Address 769 JOHN CARROLL LN  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name BERNIER, DEBBIE  
Address 284 HUMKEY ST. NE  
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR  
Name ORLINSKY, ADELE  
Address 841 SPANISH WELLS DR  
City-State-Zip: MELBOURNE FL 32904

Title PRESIDENT  
Name SLOTKIN, MICHEAL  
Address 5667 CYPRESS CREEK DR  
City-State-Zip: GRANT FL 32949

Title VP  
Name SIMON, HELENE  
Address 481 TOPEKA RD SW  
City-State-Zip: PALM BAY FL 32908

*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: LEE BURBERRY**

**TREASURER**

**03/09/2013**

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

\_\_\_\_\_  
Date