

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003917

**Entity Name:** CONGREGATION BETH ADAM, INC.

**Current Principal Place of Business:**

201 BRIGHTON E  
BOCA RATON, FL 33434

**Current Mailing Address:**

P.O. BOX 2579  
BOCA RATON, FL 33427

**FEI Number:** 65-0524131

**Certificate of Status Desired:** No

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

SAUL, BJ  
201 BRIGHTON E.  
BOCA RATON, FL 33434 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 DP  
Name LEB, GENE  
Address 3955 SEA GRAPE CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name SAUL, BJ  
Address 201 BRIGHTON E.  
City-State-Zip: BOCA RATON FL 33434

Title DT  
Name FLOMEN, KAREN  
Address 11095 STONE CREEK STREET  
City-State-Zip: WELLINGTON FL 33449

Title CORRESPONDING SECRETARY  
Name SAUL, BJ  
Address 201 BRIGHTON E.  
City-State-Zip: BOYNTON BEACH FL 33434

Title D  
Name FISHMAN, ROBERT  
Address 9892-D SUMMERBROOK TERR  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name ABRAMS, LORRAINE  
Address 264 BURGUNDY F  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name GORRELICK, ALLEN  
Address 10703 WHITEWIND CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33473

Title DIRECTOR  
Name BOGEN, YALE  
Address 18033 RHUMBA WAY  
City-State-Zip: BOCA RATON FL 33496

**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:** KAREN FLOMEN

**TREASURER**

**04/22/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            POLLACK, CAROLE  
Address        9285 VERCELLI STREET  
City-State-Zip: LAKE WORTH FL 33467