

**2018 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 VP  
Name TUSCHMAN, DIANE  
Address 8394 SPRINGLAKE DRIVE  
City-State-Zip: BOCA RATON FL 33496

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, JERRY  
Address 264 BURGUNDY F  
City-State-Zip: DELRAY BEACH FL 33484

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

**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: BJ SAUL**

**SECRETARY**

**02/09/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COLBY, NORMAN  
Address        23343 BLUE WATER CIRCLE  
                  APT. B401  
City-State-Zip: BOCA RATON FL 33433

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