

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2017

Secretary of State

CC5192170236

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: KAREN FLOMEN

TREASURER

02/10/2017

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