

2022 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 DIRECTOR
Name LEB, GENE
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR, CORRESPONDING SECRETARY
Name SAUL, BJ
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR
Name FISHMAN, ROBERT
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR
Name GORRELICK, ALLEN
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR, TREASURER
Name BOGEN, YALE
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR
Name POLLACK, CAROLE
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title PRESIDENT
Name COHEN, SANDRA
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

Title DIRECTOR
Name HOWARD, MARCIA
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427

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: YALE BOGEN

TREASURER

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, VP
Name FLOMEN, KAREN
Address P. O. BOX 2579
City-State-Zip: BOCA RATON FL 33427