


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90016 044 \*\*\*\*61.25

**DOCUMENT # 706917**  
 1. Entity Name  
**THE CHURCH BY THE SEA INC.**



Principal Place of Business  
**501 96TH STREET  
 BAL HARBOUR, FL 33154**

Mailing Address  
**501 96TH STREET  
 BAL HARBOUR, FL 33154**

**50007557**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-0668474**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DEAN, ADELGUNDE E  
 1211 NE 131 STREET  
 NORTH MIAMI, FL 33161**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROY, WILLIAM	2801 LUCERNE	MIAMI BEACH, FL 33140	<input type="checkbox"/>
T	REIZEN, VERNA	1230 100 STREET	BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/>
SD	NEWPORT, CAROL	10775 N BAYSHORE DRIVE	NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/>
VPD	DORFMAN, AARON	535 NE 129 STREET	NORTH MIAMI, FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Royse, Gaynel	1075 92 St. #205	Bay Harbor Islands, FL 33154	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **Aaron Dorfman President** **3/28/06** **305-866-0321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #