


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 001 ****61.25

DOCUMENT # 715844
1. Entity Name
TEMPLE BETH EL OF NORTH BAY VILLAGE, INC.



Principal Place of Business
**7800 HISPANOLA AVENUE
NORTH BAY VILLAGE FL 33141**

Mailing Address
**7941 EAST DRIVE
HARBOR ISLAND APT. P.H.
NORTH BAY VILLAGE FL 33141
US**



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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-6495515** Applied For
Not Applicable

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

2nd MOORE CR2E037 (5/05)

6. Name and Address of Current Registered Agent
**NASH-TESSLER, GABRIELLE
7941 EAST DRIVE
HARBOR ISLAND PENTHOUSE
NORTH BAY VILLAGE FL 33141-3310**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Same
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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

**Make Check Payable to
Florida Department of State**

10. VP OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEXER, SILVIA 7509 BUCCANER AVE NORTH BAY VILLAGE FL 33141 P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nexer Silvia First Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NASH-TESSLER, GABRIELLE 7941 EAST DRIVE P.H. NORTH BAY VILLAGE FL 33141 VP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gabrielle Nash-Tessier President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITLOCK, MILDRED 7552 ADVENTURE AVE. NORTH BAY VILLAGE FL 33141 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mildred Whitlock Second Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMBERG, GLENN 1770 JFK CSWY APT D-202 NO. BAY VILLAGE FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenn Samberg Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gabrielle Nash-Tessier* August 23, 2005 **305-759-8182**