

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

FORM 1001

05-01-2001 90054 034 ****61.25

DOCUMENT # 718216

1. Entity Name

ETZ CHAIM SYNOGOGUE

Principal Place of Business

10167 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

Mailing Address

10167 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0931261

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, KENNETH
3345 PICADILLY LANE
JACKSONVILLE FL 32257

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: GRAFF, JAY Delete
 STREET ADDRESS: 2901 CABALLERO DR N
 CITY-ST-ZIP: JACKSONVILLE FL 32217

TITLE: VPD
 NAME: BRINN, DAVID Delete
 STREET ADDRESS: 10446 SCOTT MILL ROAD
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: SD
 NAME: ESTNER, MICHAEL DR Delete
 STREET ADDRESS: 2992 BERNICE COURT
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: VPD
 NAME: FELDMAN, ED Delete
 STREET ADDRESS: 10279 BEAR VALLEY RD
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
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TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

804
 262-3565

CR2E037 (10/00)

754356



DO NOT WRITE IN THIS SPACE