


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90024 016 ****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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACOBSON, KENNETH 3345 PICADILLY LANE JACKSONVILLE, FL 32257				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFF, JAY			NAME	
STREET ADDRESS	2901 CABALLERO DR. N.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, DR. GARY			NAME	
STREET ADDRESS	8179 HOLLYRIDGE RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGER, ALAN			NAME	
STREET ADDRESS	2820 BEAUCLERE RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, ED			NAME	
STREET ADDRESS	10279 BEAR VALLEY RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257			CITY-ST-ZIP	
TITLE	VP D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAY MEYER			NAME	
STREET ADDRESS	10275 OLD ST. AUGUSTINE RD. # 302			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP	
TITLE	ST D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN SHAPIRO			NAME	
STREET ADDRESS	10004 HALEY RD.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257			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)(f), 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: _____				Date: 7-5-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> 262-3565	

50055335



07052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0931261 Applied For Not Applicable

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

FL Zip Code

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

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SIGNATURE: _____ Date: 7-5-05 Daytime Phone # 262-3565