

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718216

FILED
Apr 28, 2008
Secretary of State

Entity Name: ETZ CHAIM SYNOGOGUE

Current Principal Place of Business:

10167 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10167 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-0931261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, KENNETH
3345 PICADILLY LANE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACKERMAN, SCOT
Address: 4072 ALHAMBRA DR, WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: KLEINMAN, AARON
Address: 9941 HALEY RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: HELD, LESLIE
Address: 2214 LARIDA LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: MELAMED, KEVIN
Address: 2940 BERNICE DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ACKERMAN MD, SCOT
Address: 4072 ALHAMBRA DR, WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD (X) Change () Addition
Name: ESTNER MD, MICHAEL
Address: 2992 BERNICE COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change () Addition
Name: HELD, LESLIE
Address: 2214 LARIDA LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD (X) Change () Addition
Name: SHAPIRO, STEVEN
Address: 10004 HALEY RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Change (X) Addition
Name: VOIRON, SHARON
Address: 4846 KINGSMEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD () Change (X) Addition
Name: ROBBINS, DAVID
Address: 233 EAST BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL ESTNER

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date