

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718216

FILED
Apr 12, 2012
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:

SHAPIRO, STEVEN
10167 SAN JOSE BLVD
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
Name: ACKERMAN MD, SCOT
Address: 4072 ALHAMBRA DR, WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD
Name: ROBBINS, DAVID
Address: 6900 ALMOURS DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD
Name: ROSENBAUM, ELLIOTT
Address: 3113 CORNELIA DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP D
Name: SHAPIRO, STEVEN
Address: 10004 HALEY RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD
Name: VOIRON, SHARON
Address: 4846 KINGSMEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP D
Name: JAFFA, JAMES
Address: 2823 EVERCHARM PL
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: SCOT ACKERMAN

P

04/12/2012

Electronic Signature of Signing Officer or Director

Date