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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749800

(9)

1. Corporation Name

BET SEFER ACADEMY, INC.



Principal Place of Business

Mailing Address

55 NO. WASHINGTON ST.  
ORMOND BEACH FL 32174

55 NO. WASHINGTON ST.  
ORMOND BEACH FL 32174-5880

3. Date Incorporated or Qualified  
11/15/1979

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1948224

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEASTER, BARBAREE  
91 RIDGEFIELD PLACE  
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME RITTER, LYNNE  
STREET ADDRESS 24 INQUIPIS TRAIL  
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME NEWMNA, TOM  
STREET ADDRESS 4 RIVER RIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME KOHEN, MARIAN  
STREET ADDRESS 74 OAKMONT CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME BLOOM, VERA  
STREET ADDRESS 124 HOLLOW BRANCH CROSSING  
CITY-ST-ZIP ORMOND BEACH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME MAISEL, BARBARA  
STREET ADDRESS 113 RIO PINAR TRAIL  
CITY-ST-ZIP ORMOND BEACH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME FLAVIO, CHARLES  
STREET ADDRESS 1 WINDING CREEK WAY  
CITY-ST-ZIP ORMOND BEACH FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara G. Maisel, Registered Agent

4/14/97

904-676-0539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Number

CR2E037 (9/96)