
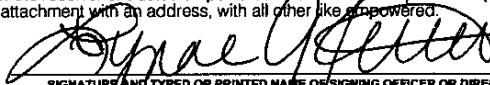


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90100 043 ****70.00

DOCUMENT # 749800					
1. Entity Name BET SEFER ACADEMY, INC.					
Principal Place of Business 55 NO. WASHINGTON ST. ORMOND BEACH, FL 32174			Mailing Address 55 NO. WASHINGTON ST. ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1948224	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEASTER, BARBAREE 15 MOSS POINT DR ORMOND BEACH, FL 32174			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, LYNNE		NAME		
STREET ADDRESS	24 IROQUIOS TR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABASKY, EDNA		NAME	Goldberg, Sue	
STREET ADDRESS	152 SANDCASTLE DR		STREET ADDRESS	2 Audubon Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, MARIAN		NAME		
STREET ADDRESS	74 OAKMONT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MONICA		NAME		
STREET ADDRESS	944 NORTHBROOK DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAISEL, BARBARA		NAME		
STREET ADDRESS	4894 BRADSHAW CT		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, LISA		NAME	Kisseloff, Nancy	
STREET ADDRESS	5 RIVERRIDGE TRAIL		STREET ADDRESS	9 Eloise Circle	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32176	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 1/18/06		Daytime Phone #: 386-676-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					