

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749800

FILED
Apr 09, 2010
Secretary of State

Entity Name: BET SEFER ACADEMY, INC.

Current Principal Place of Business:

55 NO. WASHINGTON ST.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

55 NO. WASHINGTON ST.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1948224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEASTER, BARBAREE
1075 OCEAN SHORE BLVD #702
ORMOND BEACH, FL 32174 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: D
Name: RITTER, LYNNE
Address: 24 IROQUIOS TR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D
Name: VASLOWSKI, JOHN
Address: 240 BROOKLINE AVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D
Name: KOHEN, MARIAN
Address: 568 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: PRES
Name: SEDACCA, GARY
Address: 2463 OLD SAMSULA ROAD
City-St-Zip: PORT ORANGE, FL 32128 US

Title: TR
Name: WEISBERG, MITCHELL
Address: 385 EMERALD LAKE CIRCLE
City-St-Zip: PALM COAST, FL 32137 US

Title: VPRE
Name: SHIFFMAN, MICHAEL
Address: 385 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

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: GARY SEDACCA

PRES

04/09/2010

Electronic Signature of Signing Officer or Director

Date