

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90147 041 ****61.25

UNRECORDED

DOCUMENT # 749800

1. Entity 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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1948224** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEASTER, BARBAREE
15 MOSS POINT DR
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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 *Lynne Ritter* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RITTER, LYNNE
STREET ADDRESS	24 IROQUIOS TR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VD <input type="checkbox"/> Delete
NAME	TABASKY, EDNA
STREET ADDRESS	152 SANDCASTLE DR
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	D <input type="checkbox"/> Delete
NAME	KOHN, MARIAN
STREET ADDRESS	74 OAKMONT CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	SD <input type="checkbox"/> Delete
NAME	RABIN, ELLEN
STREET ADDRESS	19 CHOCTAW TR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	T <input type="checkbox"/> Delete
NAME	MAISEL, BARBARA
STREET ADDRESS	4894 BRADSHAW CT
CITY-ST-ZIP	SAN DIEGO CA 92130
TITLE	P <input type="checkbox"/> Delete
NAME	RHODES, LISA
STREET ADDRESS	5 RIVERRIDGE TRAIL
CITY-ST-ZIP	ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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: *Lynne Ritter* **3-31-03**

CR2E037 (10/02)