## 2004 NOT-FOR-PROFIT CORPORATION

## **FILED** Feb 02, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F94000002871 FRIENDS OF BETH DANIEL SYNAGOGUE AND COMMUNITY CENTER, INC. Principal Place of Business Mailing Address 601 LONGBOAT CLUB ROAD 601 LONGBOAT CLUB ROAD 11015 1101S LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 01222004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3695770 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIEL, RUTH DO NOT WRITE 601 LONGBOAT CLUD ROAD #1101-S LONGBOAT KEY, FL 34228 IN THIS SPACE 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 hyped or printed name of registered agent and title if applicable INOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2004 10. OFFICERS AND DIRECTORS TITLE ŊΡ DANIEL, GERARD STREET ADDRESS 601 LONGBOAT CLUB ROAD CITY-ST-ZIP LONGBOAT KEY, FL THLE DVTS NAME DANIEL, RUTH STREET ADDRESS 601 LONGBOAT CLUB ROAD CITY ST-ZIP LONGBOAT KEY, FL NAME FORCHHEIMER, RUDOLPH STREET ADDRESS 1 OAKSTWAIN ROAD DO NOT WRITE CITY-ST-ZIP SCARSDALE, NY 11115 IN THIS SPACE NAME ROSS, MATTHEW H STREET ADDRESS 555 5TH AVENUE CITY-ST-ZIP NEW YORK, NY TITLE NAME STREET ADDRESS CITY-ST-ZIP ME

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 path; 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

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR