

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 005 ****61.25

DOCUMENT # F94000002871



1. Entity Name
FRIENDS OF BETH DANIEL SYNAGOGUE AND COMMUNITY CENTER, INC.

Principal Place of Business
**601 LONGBOAT CLUB ROAD
 1101S
 LONGBOAT KEY, FL 34228 US**

Mailing Address
**601 LONGBOAT CLUB ROAD
 1101S
 LONGBOAT KEY, FL 34228 US**

40021196



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
13-3695770

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIEL, RUTH
 601 LONGBOAT CLUD ROAD #1101-S
 LONGBOAT KEY, FL 34228**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP DANIEL, GERARD**
 STREET ADDRESS **601 LONGBOAT CLUB ROAD**
 CITY-ST-ZIP **LONGBOAT KEY, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVTS DANIEL, RUTH**
 STREET ADDRESS **601 LONGBOAT CLUB ROAD**
 CITY-ST-ZIP **LONGBOAT KEY, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FORCHHEIMER, RUDOLPH**
 STREET ADDRESS **1 OAKSTWAIN ROAD**
 CITY-ST-ZIP **SCARSDALE, NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS ROSS, MATTHEW H**
 STREET ADDRESS **555 5TH AVENUE**
 CITY-ST-ZIP **NEW YORK, NY**

TITLE Change Addition
 NAME **ROSS, ALLEN**
 STREET ADDRESS **555 5th Avenue**
 CITY-ST-ZIP **New York, NY**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *✓ Ruth Daniel, V. Po.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18, 05 *941-383-3628*
 Date Daytime Phone #