

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 035 ****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

40029340



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
4108 Leland St.
 Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State
Chevy Chase, MD

Zip
20815

Country
USA

4. FEI Number
13-3695770

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DANIEL, RUTH
601 LONGBOAT CLUD ROAD #1101-S
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent
 Name **Gerard Daniel**
 Street Address (P.O. Box Number is Not Acceptable)
1301 N. Tamiami Trail, Unit 614
 City **Sarasota** FL Zip Code **34236**

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 *[Signature]* DATE **2/9/07**

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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DANIEL, GERARD 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS DANIEL, RUTH 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCHHEIMER, RUDOLPH 1 OAKSTWAIN ROAD SCARSDALE, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSS, ALLEN 555 5TH AVENUE NEW YORK, NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		DVST Miriam Daniel 4108 Leland St Chevy Chase, MD 20815	

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: *[Signature]* Date **3/1/07** Daytime Phone # **301 654-1259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR