


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 020 ****61.25

DOCUMENT # N04000003474					
1. Entity Name BETH TIKVAH OF NAPLES, INC.					
Principal Place of Business 3765 AIRPORT ROAD N, SUITE 200 NAPLES, FL 34105			Mailing Address 3765 AIRPORT ROAD N, SUITE 200 NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 06-1822336	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDMAN, ELLEN A % PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108				Name <i>Philip K. Jason</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>12823 Valewood Drive</i>	
				City <i>Naples</i> FL Zip Code <i>34119</i>	
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 <i>Philip K. Jason</i>				DATE <i>March 22, 2007</i>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIVOKOFF, DAVID		NAME	<i>Ari Schneider</i>	
STREET ADDRESS	726 GRAND RAPIDS BLVD		STREET ADDRESS	<i>1636 Mandarin Road</i>	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	<i>Naples, FL 34102</i>	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP, JASON		NAME		
STREET ADDRESS	12823 VALEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, STUART		NAME		
STREET ADDRESS	1556 SERENITY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZRINE, EDWIN		NAME		
STREET ADDRESS	762 REGENCY RESERVE CIR #2001		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEINBRES, LINDA		NAME		
STREET ADDRESS	4261 MONTALVO COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, HARRY		NAME		
STREET ADDRESS	7585 MEADOW LAKES DR #3		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
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: <i>Edwin Ezrine</i>				DATE <i>3/23/07</i> DAYTIME PHONE # <i>239-394-1998</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	