


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 032 ****61.25

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|--|---------------------------------|---|-------------------------------|
| 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 | |
| Zip | Country | Zip | Country |
| 4. FEI Number 06-1822336 | | Applied For <input type="checkbox"/> 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 | |
| JASON PHILIP K 12823 VALEWOOD DR NAPLES, FL 34119 | | Name: <u>ROSENTHAL, HARVEY A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>7585 MEADOW LAKES DR #3</u> City: <u>NAPLES</u> FL Zip Code: <u>34104</u> | |
| 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: <u>Harvey A. Rosenthal</u> | | DATE: <u>4/15/08</u> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | NAME: SIVAKOFF, DAVID | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME: RANDALL, LINDA-ZELL |
| STREET ADDRESS: 726 GRAND RAPIDS BLVD | CITY-ST-ZIP: NAPLES, FL 34120 | STREET ADDRESS: 9079 THELANE | CITY-ST-ZIP: NAPLES, FL 34109 |
| TITLE: V | NAME: JASON , PHILIP | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME: SCHNEIDER, ARI |
| STREET ADDRESS: 12823 VALEWOOD DR | CITY-ST-ZIP: NAPLES, FL 34119 | STREET ADDRESS: 1636 MANDARIN LANE | CITY-ST-ZIP: NAPLES, FL 34102 |
| TITLE: P | NAME: KAYE, STUART | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 1556 SERENITY CIRCLE | CITY-ST-ZIP: NAPLES, FL 34110 | | |
| TITLE: T | NAME: EZRINE, EDWIN | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 762 REGENCY RESERVE CIR #2001 | CITY-ST-ZIP: NAPLES, FL 34119 | | |
| TITLE: S | NAME: SCHEINBERG, LINDA | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 4261 MONTALVO COURT | CITY-ST-ZIP: NAPLES, FL 34109 | | |
| TITLE: T | NAME: ROSENTHAL, HARVEY | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 7585 MEADOW LAKES DR #3 | CITY-ST-ZIP: NAPLES, FL 34105 | | |
| 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: <u>Harvey A. Rosenthal, Treasurer</u> | | DATE: <u>4/15/08</u> Daytime Phone #: <u>239 348 9077</u> | |