## FILED Aug 16, 2007 8:00 am Secretary of State 07-17-2007 90107 024 \*\*\*\*61.25

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011480  1. Entity Name BETH ISRAEL ORTHODOX SYNAGOGUE OF DESTIN, INC.										
Principal Place of Business 4504 BEL BOUY LANDING DESTIN, FL 32541			Mailing Address 4504 BEL BOUY LANDING DESTIN, FL 32541			66020965				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt.	#, 8tc.	Suite, Apt. #, etc.			06062007 C	hg-NP (	CR2E037 (12/06)			
City & Stat		City & State				4. FEI Number 20-58	[עברב	<b></b>	oplied For ot Applicable	
Zip	Zip Country		Zip Co		untry	5. Certificate of Status Desired Security Securi				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15					Street Address (P.O. Box Number is Not Acceptable)					
SANTA ROSA BEACH, FL 32459					City			FL Zip Cod	a	
	named entity submits this statement to	r the purp	ose of changing its i	egister	ed office or registe	red agent, or both, in	the State of Florida		and accept	
	tions of registered agent.									
SIGNATURE	Signature, typed or present name of registered agent.	and the d app	icable. (NOTE:	Registere	d Agent agneture require	d when reinstaling)		DATE		
Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaig Trust Fund Contri						\$5.00 May Be Added to Fees		check payable t Department of S		
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS			
TITLE NAME STREET ADDRESS	D Delete HAIM, DAHAN 4504 BEL BOUY LANDING				E ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	DESTIN, FL 32541		☐ Defete	CITY	-S1-25P		·	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KATZ, BARRY 4504 BEL BOUY LANDING DESTIN, FL 32541				E EET ADDRESS - 51-ZP					
TITLE RAME	D DAHAN, DEBBIE		☐ Delate	TITL	E			☐ Change	Addition	
STPEET ADORESS CITY-ST-ZIP	4504 BEL BOUY LANDING DESTIN, FL 32541				ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS			Delete	NAM STRE	· [			Change	Addition	
CITY-ST-ZIP			☐ Delate	TITL				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Deleta					☐ Change	Addition	
indicated of the cor	certify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address, the contract of the con	true and a wered to	accurate and that mexocute this report a	v siona	ture shall have the red by Chapter 61	same legal effect as 7, Florida Statutes; ar	if made under oath	that I am an officer	or director	
SIGNAT	URE: SIGNATURE AND TYPED OR	<u> </u>	sha_	7	<u>76 pp 1 4</u>	Dahan	<u> </u>	1028 CO	1°CC 020	