

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43914** (3)

1. Corporation Name

BEACHES HEBREW ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 51427 JACKSONVILLE FL 32240-1427
Mailing Address: P.O. BOX 51427 JACKSONVILLE FL 32240-1427

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **09/14/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **59-3075462**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **KORN JEFFREY G. 87 VERANDA LANE PONTE VEDRA BEACH FL 32082**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ACKMERMAN, SCOT N	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8007 WHISPER LAKE LANE EAST	PONTE VEDRA BEACH FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: P	KORN, JEFFREY G	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 87 VERANDA LANE	PONTE VEDRA BEACH FL	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		2.2 NAME:	
TITLE: DS	KRIMSKY, EILEEN	2.3 STREET ADDRESS:	
STREET ADDRESS: 1709 2ND ST. S.	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	ELIKAN, LEONARD	3.2 NAME:	
STREET ADDRESS: 1192 SALT MARSH CIRCLE	PONTE VEDRA BEACH FL 32082	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard Elikan **Leonard Elikan** 2/2/96 904-273-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)