

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3075462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

TITLE	D <input type="checkbox"/> DELETE
NAME	ACKMERMAN, SCOT N
STREET ADDRESS	8007 WHISPER LAKE LANE EAST
CITY - ST - ZIP	PONTE VEDRA BEACH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KORN, JEFFREY G
STREET ADDRESS	87 VERANDA LANE
CITY - ST - ZIP	PONTE VEDRA BEACH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	KRIMSKY, EILEEN
STREET ADDRESS	1709 2ND ST. S.
CITY - ST - ZIP	PONTE VEDRA BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ELIKAN, LEONARD
STREET ADDRESS	1192 SALT MARSH CIRCLE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alyssa Korn
2.3 STREET ADDRESS	87 Veranda Lane
2.4 CITY - ST - ZIP	Ponte Vedra, Florida
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Jacksonville Beach, Florida
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secy Meltzer, Gail
4.3 STREET ADDRESS	1889 Mournin Dove Lane
4.4 CITY - ST - ZIP	Jacksonville Beach, Florida
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **01-10-97** Date Daytime Phone # 0006397

CR2E037 (9/96)