NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N43914

BETH EL-THE BEACHES SYNAGOGUE, INC.

Principal Place of Business

P.O. BOX 51427 JACKSONVILLE FL 32240-1427 Mailing Address

P.O. BOX 51427

JACKSONVILLE FL 32240-1427

FILED Mar 04, 1999 8:00 am § Secretary of State

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#		

2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualified 06/17/1991	<u> </u>		
21	0 (gat 1821)	26			4. FEI Number	I Age	lind For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3075462	L	Applicable	
22		27		·	33 301 3402	\$8.75 A		
City & Staf	17 she VEdra FL	City & State			5. Certifcate of Status Desired	Fee Red	beniup	
Zip 24 7200	M-1494 25 Bt Johns	Zip 29 3	Country 0		6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	, ,	
	9- Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
		.	81	Name		•		
KORN JE	FEREY G		82	Street A	ddress (P.O. Box Number is Not Acceptable)			
	NDA LANE		"	52 Street Address (P.O. Box Number is Not Acceptable)				
	EDRA BEACH FL 32082		83					
POINTE V	EDHA BEACITIE 32002					85 Zip C	'odo	
			84	City		FL 85 Zip C	,oue	
office or I	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	i Florida. Such change was auti	norized by	the corpor	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature rec	quired when reinstating) DA			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 TITLE		D	hange	Addition	
NAME	ACKMERMAN, SCOT N		1.2 NAME	}	Honig, Alan.	•		
STREET ADDRESS		т	1.3 STREE	TADORESS	2100 Bloce En Deur	こ		
	PONTE VEDRA BEACH FL	•	1.4 CITY-S	1.	Lackschulde Boh Fl	23250		
TITLE	D	☐ DELETE	2.1 TITLE	†		∏491 ange	Addition	
NAME	KORN, ALYSSA		2.2 NAME		•	• •		
	AT LEDANDA LAND			TADDRESS				
STREET ADDRESS			2.4 CITY-	- 1	may 1 and 10	. ~ -		
CITY-ST-ZIP	PONTE VERA BEACH FL	☐ DELETE	3.1 TITLE	31-21		☐ Change	Addition	
TITLE	LOBACKY FILEEN		3.2 NAME	ŀ				
NAME	KRIMSKY, EILEEN			T 40000000				
STREET ADDRESS	7. 00		L	TADDRESS		•		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	3.4. CITY-	51-ZIP		☐ Change	Addition	
TITLE	S	(PL DÉFE LE	1				_	
NAME	MELTZER, GAIL		4. 2 NAME	1				
STREET ADDRESS				TADDRESS		• `		
CITY-ST-ZIP	JACKSONVILLE BEACH FL	DELETE	4.4 CITY-S	iT-ZIP		☐ Change	Addition	
TITLE	J	☐ NELE IE	5.1 TITLE 5.2 NAME			□ cusuge		
NAME				TADODESS				
STREET ADDRESS	3			TADORESS				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	51-ZIP		☐ Change	Addition	
TITLE		☐ DELETE			•	. Cuange	C) Modulou	
NAME	1		6.2 NAME]			i	
STREET ADDRESS	6			TADDRESS				
	1		64 CITY S	T. 7ID				

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

020599 90U2233663

CR2E037 (11/98