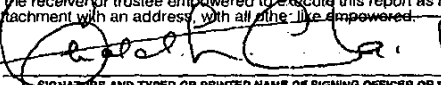


**AMENDED**  
**ANNUAL REPORT**

FILED  
04 MAY 21 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                              |  |   |   |
|---|------------------------------|--|---|---|
| <b>DOCUMENT # N43914</b>  |                              |  |   |  |
| 1. Entity Name<br><b>BETH EL-THE BEACHES SYNAGOGUE, INC.</b>  |                              |  |   |   |
| Principal Place of Business<br>P.O. BOX 1698<br>PONTE VEDRA, FL 32004-1698  |                              | Mailing Address<br>P.O. BOX 1698<br>PONTE VEDRA, FL 32004-1698                   |   |   |
| 2. Principal Place of Business  |                              | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.   |                              | Suite, Apt. #, etc.  |   |   |
| City & State  |                              | City & State   |   |   |
| Zip   | Country                      | Zip  | Country   |   |
| 6. Name and Address of Current Registered Agent   |                              |  |   | 7. Name and Address of New Registered Agent                                       |
| MARKS, JEFFREY B<br>RYAN & MARKS<br>3008-8 HARTLEY ROAD<br>JACKSONVILLE, FL 32257   |                              |  |   | Name  |
|   |                              |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |
|   |                              |  |   | City  |
|   |                              |  |   | FL  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                              |  |   |   |
| <b>Amended AR is \$61.25</b>  |                              | 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   | D                            | <input checked="" type="checkbox"/> Delete                                       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME  | STOOPACK, CLAIRE             |  | NAME  |   |
| STREET ADDRESS  | 13 LAKE JULIA DRIVE          |  | STREET ADDRESS  | 600037432536  |
| CITY-ST-ZIP   | PONTE VEDRA, FL 32082        |  | CITY-ST-ZIP   | 05/28/04--01049--019 **70.00  |
| TITLE   | TD                           | <input checked="" type="checkbox"/> Delete                                       | TITLE   | TD  |
| NAME  | KRIMSKY, EILEEN              |  | NAME  | GERALD L. CHAIT   |
| STREET ADDRESS  | 1709 SECOND ST SOUTH         |  | STREET ADDRESS  | 191 SANJUAN DRIVE   |
| CITY-ST-ZIP   | JACKSONVILLE BEACH, FL 32250 |  | CITY-ST-ZIP   | PONTE VEDRA BEACH FL 32082  |
| TITLE   | D                            | <input checked="" type="checkbox"/> Delete                                       | TITLE   | FD  |
| NAME  | FADALE, PRISCILLA            |  | NAME  | ALAN COHEN  |
| STREET ADDRESS  | 8023 PEBBLE CREEK LANE       |  | STREET ADDRESS  | 221 WOODY CREEK DRIVE   |
| CITY-ST-ZIP   | PONTE VEDRA, FL 32082        |  | CITY-ST-ZIP   | PONTE VEDRA BEACH FL 32082  |
| TITLE   | PD                           | <input checked="" type="checkbox"/> Delete                                       | TITLE   | VP  |
| NAME  | KIRSNER, RONALD              |  | NAME  | DONNA ORGNER  |
| STREET ADDRESS  | 221 GNARLAD OAKS DRIVE       |  | STREET ADDRESS  | 5909 DUVAL DRIVE  |
| CITY-ST-ZIP   | PONTE VEDRA BEACH, FL 32082  |  | CITY-ST-ZIP   | JACKSONVILLE BEACH FL 32082   |
| TITLE   | VD                           | <input type="checkbox"/> Delete  | TITLE   | PD  |
| NAME  | WILLIAMS, STUART             |  | NAME  | WILLIAMS, STUART  |
| STREET ADDRESS  | 149 WOODLANDS CREEK DRWEF    |  | STREET ADDRESS  | 149 WOODLANDS CREEK DRWEF   |
| CITY-ST-ZIP   | PONTE VEDRA BEACH, FL 32082  |  | CITY-ST-ZIP   | PONTE VEDRA BEACH, FL 32082   |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE   | VP  |
| NAME  |                              |  | NAME  | TODD BERNSTEIN  |
| STREET ADDRESS  |                              |  | STREET ADDRESS  | 1965 SPOONBILL STREET   |
| CITY-ST-ZIP   |                              |  | CITY-ST-ZIP   | JACKSONVILLE BEACH FL 32082   |
| 12. 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 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 the above empowered. |                              |  |   |   |
| SIGNATURE:   |                              |  | Date: 5/20/04   | Daytime Phone: 904-260-9979   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                              |  | <small>Date</small>                                   | <small>Daytime Phone #</small>  |