


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 050 ****61.25

DOCUMENT # N43914			
1. Entity Name BETH EL-THE BEACHES SYNAGOGUE, INC.			
Principal Place of Business P.O. BOX 1698 PONTE VEDRA, FL 32004-1698		Mailing Address P.O. BOX 1698 PONTE VEDRA, FL 32004-1698	
2. Principal Place of Business - No P.O. Box #		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 RYAN & MARKS 3008-B HARTLEY ROAD JACKSONVILLE, FL 32257		Name: <i>Donald Kates</i> Street Address (P.O. Box Number is Not Acceptable): <i>3020 Timberlake Pt</i> City: <i>Ponte Vedra Beach FL</i> Zip Code: <i>32082</i>	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable		DATE: <i>1/31/07</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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: VD NAME: BERNSTEIN, TODD STREET ADDRESS: 1965 SPOONBILL STREET CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: <i>Toker, Karen</i> STREET ADDRESS: <i>6030 Oakbrook Ct.</i> CITY-ST-ZIP: <i>Ponte Vedra Beach, FL 32082</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: COHEN, ALLAN STREET ADDRESS: 221 WOODY CREEK DRIVE CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE: DS NAME: <i>DeArman, Judy</i> STREET ADDRESS: <i>3447 Caroline Ridge Lane East</i> CITY-ST-ZIP: <i>Jacksonville, FL 32225</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: TOKER, KAREN STREET ADDRESS: 6030 OAKBROOK CT CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: <i>Beckerman, Stuart</i> STREET ADDRESS: <i>341 Gvail Pointe Drive</i> CITY-ST-ZIP: <i>Ponte Vedra Beach, FL 32082</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: WILLIAMS, STUART STREET ADDRESS: 149 WOODLANDS CREEK DRWEF CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE: CO- PD NAME: <i>Cornelius, Loretta</i> STREET ADDRESS: <i>1120 Seabreeze Ave</i> CITY-ST-ZIP: <i>Jacksonville Beach, FL 32250</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <i>1/25/07</i> Daytime Phone #: <i>904-273-9100</i>	

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4. FEI Number: 59-3075462 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required