2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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

01182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3075462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATES, DONALD
3020 TIMBERLAKE PT
PONTE VEDRA BEACH, FL 32082

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	COHEN, ALLAN
STREET ADDRESS	221 WOODY CREEK DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	TOKER, KAREN
STREET ADDRESS	6030 OAKBROOK CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	PD
NAME	BECKERMAN, STUART
STREET ADDRESS	341 GUAIL POINTE DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	COPD
NAME	CORNELIUS, LORETTA
STREET ADDRESS	1120 SEABREEZE AVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	DS
NAME	DEARMAN, JUDY
STREET ADDRESS	3447 CAROLINE RIDGE LANE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80070-003 61.25

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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: Allan Cohen — 1/25/08 — 904-273-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #