

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43914

FILED
Feb 27, 2009
Secretary of State

Entity Name: BETH EL-THE BEACHES SYNAGOGUE, INC.

Current Principal Place of Business:

P.O. BOX 1698
PONTE VEDRA, FL 320041698

New Principal Place of Business:

288 N. ROSCOE BLVD
PONTE VEDRA, FL 32082

Current Mailing Address:

P.O. BOX 1698
PONTE VEDRA, FL 320041698

New Mailing Address:

FEI Number: 59-3075462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STEVEN, BOYNE
208 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: STEVEN BOYNE

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: COHEN, ALLAN
Address: 221 WOODY CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: TOKER, KAREN
Address: 6030 OAKBROOK CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: BECKERMAN, STUART
Address: 341 GUAUL POINTE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: COPD (X) Delete
Name: CORNELIUS, LORETTA
Address: 1120 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS () Delete
Name: DEARMAN, JUDY
Address: 3447 CAROLINE RIDGE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROBERT, UDELL
Address: 520 MORNING SIDE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD (X) Change () Addition
Name: SANDLER, MARCY
Address: 321 SOUTH MILLVIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change () Addition
Name: TOKER, KAREN
Address: 6030 OAKBROOK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT UDELL

TD

02/27/2009

Electronic Signature of Signing Officer or Director

Date