

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43914

FILED  
Mar 06, 2012  
Secretary of State

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

**Current Principal Place of Business:**

288 N. ROSCOE BLVD  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**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:**

KLAUSNER, KENNETH  
621 LAKE STONE CIRCLE  
PONTE VEDRA BEACH, FL 32082      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FADALE, PRISCILLA  
Address: 8023 PEBBLE CREEK  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: GOLDMAN, NEAL  
Address: 624 PRESERVE VIEW  
City-St-Zip: PONTE VEDRA, FL 32081

Title: TR  
Name: KLAUSNER, KENNETH  
Address: 621 LAKE STONE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SY  
Name: FADALE, PRISCILLA  
Address: 8023 PEBBLE CREEK LANE WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P  
Name: SIEGAL, MARTIN  
Address: 197 TWELVE OAKS LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: KENNETH KLAUSNER

TR

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date