

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90120 015 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3075462**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, JEFFREY B
RYAN & MARKS
3008-8 HARTLEY ROAD
JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	40	<input checked="" type="checkbox"/> Delete
NAME	STOOPACK, CLAIRE	<i>Change</i>
STREET ADDRESS	13 LAKE JULIA DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRIMSKY, EILEEN	
STREET ADDRESS	1709 SECOND ST SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	FADALE, PRISCILLA	
STREET ADDRESS	8023 PEBBLE CREEK LANE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RD Kinsner, Ronald	
STREET ADDRESS	221 Charles Oaks Drive	
CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shant Williams	
STREET ADDRESS	149 Woodlands Creek Drive	
CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Krimsky*

012903 9042233663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)