


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N94000004320
 1. Entity Name
 BET SHIRA ENDOWMENT FOUNDATION, INC.



Principal Place of Business Mailing Address
 7500 S.W. 120TH ST. 7500 S.W. 120TH ST.
 MIAMI, FL 33156 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

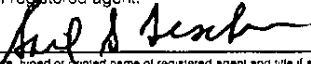
4. FEI Number 65-0526420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESCHER, GAIL S
 7500 S.W. 120TH ST.
 MIAMI, FL 33156

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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:  DATE: 4/09/08

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


UD00000896721
 04/25/08-80019-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOTTERER, RICHARD 7350 SW 153 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGELMAN, ROBERT W 673 DESTACADA AVE. CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELONKER, REGINA 10040 SW 144 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARKIN, ELYSE 7901 SW 143 STREET MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR