
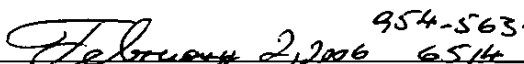


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90027 008 \*\*\*\*61.25

DOCUMENT # N98000006614					
1. Entity Name SEPHARDIC SYNAGOGUE OF FT. LAUDERDALE - "BNM", INC.					
Principal Place of Business 3600 E. OCEAN BLVD. FORT LAUDERDALE, FL 33308		Mailing Address 3600 E. OCEAN BLVD. FORT LAUDERDALE, FL 33308			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0799124	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIELDS, SIMON 3201 BAYVIEW DR. FORT LAUDERDALE, FL 33306			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, SIMON		NAME		
STREET ADDRESS	3201 BAYVIEW DRIVE, D		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, JENNIFER		NAME		
STREET ADDRESS	3201 BAYVIEW DR., A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVERMAN, SID		NAME	D	
STREET ADDRESS	2716 NE 32 STREET		STREET ADDRESS	ARAF, FIRTINA	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	3201 BAYVIEW DR, C	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: February 2, 2006 Daytime Phone #: 954-563-6514		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					