## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006877

Entity Name: BETH SAR SHALOM FLORIDA, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1015 OLD BOYNTON RD. BOYNTON BEACH, FL 334263514

Current Mailing Address: New Mailing Address:

1015 OLD BOYNTON RD. BOYNTON BEACH, FL 334263514

FEI Number: 65-0975573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BAEHR, RON
4731 W. ATLANTIC AVE. #B11
DELPAY REACH EL 23445

DELRAY BEACH, FL 33445 US BOYNTON BEACH, FL 33426 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: 01/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES ( ) Delete Title: DIR. (X) Change ( ) Addition

 Name:
 ALPERT, DR, BEN
 Name:
 ALPERT, DR, BEN

 Address:
 4731 W. ATLANTIC AVE. #B11
 Address:
 1015 OLD BOYNTON RD

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:
 BOYNTON BEACH, FL 33426

Title: VP ( ) Delete Title: DIR. (X) Change ( ) Addition Name: FREEMAN, DR. RICHARD Name: FREEMAN, DR. RICHARD Address: 4731 W ATI ANTIC AVF #B11 Address: 1015 OL D BOYNTON RD

Address: 4731 W. ATLANTIC AVE. #B11 Address: 1015 OLD BOYNTON RD
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33426

Title: S/T ( ) Delete Title: DIR. (X) Change ( ) Addition

Name: BAEHR, RON Name: BAEHR, RON
Address: 4731 W. ATLANTIC AVE. #B11 Address: 1015 OLD BOYNTON RD

Address: 4731 W. ATLANTIC AVE. #B11 Address: 1015 OLD BOYNTON RD

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33426

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: RON BAEHR DIR. 01/16/2009