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: SCOT ACKERMAN MD

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :		
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Title	PD	Title	VPD
Name	ACKERMAN MD, SCOT	Name	ROBBINS, DAVID
Address	4072 ALHAMBRA DR, WEST	Address	6900 ALMOURS DR
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32217
Title	VPD	Title	VP D
Name	ROSENBAUM, ELLIOTT	Name	SHAPIRO, STEVEN
Address	3113 CORNELIA DR	Address	10004 HALEY RD
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257
Title	SD	Title	VP D
Name	VOIRON, SHARON	Name	JAFFA, JAMES
Address	4846 KINGSMEADOW LANE	Address	2823 EVERCHARM PL
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32257

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.

FEI Number: 59-0931261

Name and Address of Current Registered Agent:

SHAPIRO, STEVEN

10167 SAN JOSE BLVD JACKSONVILLE, FL 32257 US

SIGNATURE:

JACKSONVILLE, FL 32257

DOCUMENT# 718216

10167 SAN JOSE BLVD.

Current Mailing Address:

JACKSONVILLE. FL 32257

Entity Name: ETZ CHAIM SYNOGOGUE

Current Principal Place of Business:

10167 SAN JOSE BLVD.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

FILED May 15, 2014 Secretary of State CC0916496874

Date

05/15/2014 Date

PRESIDENT