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: STEVEN SHAPIRO

City-State-Zip: JACKSONVILLE FL 32257

2847 EVERCHARM PLACE

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718216

Entity Name: ETZ CHAIM SYNOGOGUE

Current Principal Place of Business:

10167 SAN JOSE BLVD. JACKSONVILLE, FL 32257

Current Mailing Address:

10167 SAN JOSE BLVD. JACKSONVILLE. FL 32257

FEI Number: 59-0931261

Name and Address of Current Registered Agent:

SHAPIRO, STEVEN 10167 SAN JOSE BLVD JACKSONVILLE, FL 32257 US

| FILED |
|--------------------|
| Mar 07, 2016 |
| Secretary of State |
| CC3496309486 |
| |

Date

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

Officer/Director Detail :

| | 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 | SECRETARY, DIRECTOR | |
| | 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 | VP, DIRECTOR | Title | VP, DIRECTOR | |
| | Name | CHEFER, BARRY | Name | BENDIT, MORRIS A | |
| | Address | 2868 EVERCHARM PLACE | Address | 4336 WALNUT BEND | |
| | City-State-Zip: | JACKSONVILLE FL 32257 | City-State-Zip: | JACKSONVILLE FL 32257 | |
| | Title | VP D | | | |
| | Title | VPD | | | |
| | Name | SHILLINGFORD, RACHEL | | | |

SECRETARY

03/07/2016

Date