2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# 702083

Entity Name: DAYTONA HEBREW ASSOCIATION

Current Principal Place of Business:

1400 S. PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

1400 S. PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-0836550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149-P S. RIDGEWOOD AVE
STE 710
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GOLDBERG, ROBERT	
Address:	1528 OAK FOREST DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	PED	( ) Delete
Name:	HOINGMAID, SYLVIA	
Address:	1813 EAGLES CREST LANE	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	VPD	( ) Delete
Name:	NYE, MARILYN	
Address:	904 PRINCETON AVE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	VPD	( ) Delete
Name:	ROSENBAUM, ANN	
Address:	395 S ATLANTIC #401	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	T	( ) Delete
Name:	NEWMAN, JACK	
Address:	3 FISHERMAN'S CIR #4	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	ST	( ) Delete
Name:	WASSERMAN, BETTY	
Address:	801 MAPLE ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	EISENBERG, THOMAS	
Address:	1993 ROYAL TROON COURT	
City-St-Zip:	DAYTONA BEACH, FL 32128	
Title:	PED	(X) Change ( ) Addition
Name:	FELDMAN, SAUL	
Address:	525 N. HALIFAX AVENUE #9	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS EISENBERG, MD, PRESIDENT PD 02/06/2004

Electronic Signature of Signing Officer or Director — Date