



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90065 004 ****61.25

DOCUMENT # 702083 1. Entity Name DAYTONA HEBREW ASSOCIATION					
Principal Place of Business 1400 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118			Mailing Address 1400 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0836550 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For <input type="checkbox"/> Not Applicable		04082005 Chg-NP CR2EQ37 (10/03)			
6. Name and Address of Current Registered Agent BARKIN, MARSHALL H 149-P S. RIDGEWOOD AVE STE 710 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name FELDMAN, SAUL Street Address (P.O. Box Number is Not Acceptable) 1400 SOUTH PENINSULA DRIVE City DAYTONA BEACH, FL Zip Code 32118		
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 <u><i>Saul Feldman</i></u> President <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4-9-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, THOMAS 1993 ROYAL TROON COURT DAYTONA BEACH, FL 32128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED FELDMAN, SAUL 525 N. HALIFAX AVENUE #9 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NYE, MARILYN 904 PRINCETON AVE ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HEDY WEISS 2937 S. ATLANTIC AVE #309 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSENBAUM, ANN 395 S ATLANTIC #401 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MIRIAM BRONSTEIN 104 BERMUDA PETREL COURT DAYTONA BEACH, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWMAN, JACK 3 FISHERMAN'S CIR #4 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASSERMAN, BETTY 801 MAPLE ST NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Saul Feldman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-9-2005 Daytime Phone # 386-252-3097		