## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 30, 2005 8:00 am Secretary of State **DOCUMENT # 715844** 08-30-2005 90031 001 \*\*\*\*61.25 1. Entity Name TEMPLE BETH EL OF NORTH BAY VILLAGE, INC. Principal Place of Business Mailing Address 7800 HISPANOLA AVENUE 7941 EAST DRIVE HARBOR ISLAND APT. P.H. NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 59-6495515 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... NASH-TESSLER, GABRIELLE Street Address (P.O. Box Number is Not Acceptable) 7941 EAST DRIVE HARBOR ISLAND PENTHOUSE oam€ NORTH BAY VILLAGE FL 33141-3310 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. NEXER, ŠILVIA TITLE ☐ Delete Change Addition NAMEXET 7509 BUCCANER AVE NAME First Vice President NORTH BAY VILLAGE FL 33141 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NASH-TESSLER, GABRIELLE TITLE ☐ Delete TITLE Change ■ Addition Gabrielle Nash-Tessier NAME 7941 EAST DRIVE P.H. NAME STREFT ADDRESS NORTH BAY VILLAGE FL 33141 STREET ADDRESS President CITY-ST ZIP CITY-ST-ZIP TITLE WHITLOCK, MILDRED ☐ Delete Change Addition NAME 7552 ADVENTURE AVE. Mildred Whitlock STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 Second Vice-President CITY-ST-ZIP CITY-ST-ZIP SAMBERG, GLENN Detete TITLE TATLE Change Addition 1770 JFK CSWY APT D-202 NAME Glenn Samberg STREET ADDRESS NO. BAY VILLAGE FL 33141 STREET ADDRESS Tresurer CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; 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.

**FILED**