

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718216

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: ETZ CHAIM SYNOGOGUE

**Current Principal Place of Business:**

10167 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

10167 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 59-0931261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JACOBSON, KENNETH  
3345 PICADILLY LANE  
JACKSONVILLE, FL 32257      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: GRAFF, JAY  
Address: 2901 CABALLERO DR. N.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD      ( ) Delete  
Name: MEYER, JAY  
Address: 10275 OLD ST. AUGUSTINE ROAD # 302  
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD      ( ) Delete  
Name: SHAPIRO, STEVEN  
Address: 10004 HALEY ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD      ( ) Delete  
Name: FELDMAN, ED  
Address: 10279 BEAR VALLEY RD  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: JAY GRAFF

PRES

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date