

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 733085 (5)

1. Corporation Name

BETH CHAI, INC.

Principal Place of Business

**ST DUNSTAN'S CHURCH
10888 126 AVE N
LARGO FL 34648
US**

Mailing Address

**8400 125TH STREET NORTH
P.O. BOX 3235
SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/17/1975

04/07/1994

4. FEI Number

59-1030774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PIPER, ESTEVA, KARVUNEN & LEWIS
3637 4T ST. N. STE 410
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
LISH, EUGENE
12716 82ND TERR. NO.
SEMINOLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
VARON, ISAAC
3896 HARBOR HILLS DR.
LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MORELL, JANET N.
225 COUNTRY CLB DR. E246
LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
AX, ARTHUR
7631 82ND ST. NO.
SEMINOLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WILCOX, BEA
12290 68TH ST. N.
LARGO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JACOBSON, GEORGE
12374 82ND AVE. NO.
SEMINOLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #