

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735543

FILED
Apr 10, 2006
Secretary of State

Entity Name: THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.

Current Principal Place of Business:

20400 NE 30 AVE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20400 NE 30 AVE
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 59-1673246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARON, AMIR (DR.)
20400 N.E. 30 AVE
AVENTURA, FL 33180 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: P () Delete
Name: FEINGOLD, ALLAN
Address: 120 GAVILAN WAY
City-St-Zip: CORAL GABLES, FL 33143

Title: CB () Delete
Name: LANDA, WILLIAM
Address: 19955 NE 38TH COURT #1903
City-St-Zip: AVENTURA, FL 33180

Title: VCB () Delete
Name: GORDON, MARK
Address: 19954 NE 39TH PLACE
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: KESSLER, EUGENE
Address: 20400 N.E 30TH AVE.
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: CYNAMON, VICTOR
Address: 19101 MYSYIC POINTE DR #2701
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: PERLOW, MAYOR J
Address: 20026 NE 30TH PLACE
City-St-Zip: AVENTURA, FL 33180

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
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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: DR. AMIR BARON

EVP

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date