
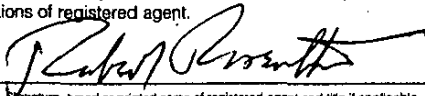


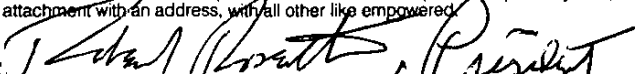
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 035 ****61.25

DOCUMENT # 736325					
1. Entity Name BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.					
Principal Place of Business 501 NE 26TH AVE BOYNTON BCH, FL 33435		Mailing Address 501 NE 26TH AVE BOYNTON BCH, FL 33435			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1680041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name ROBERT ROSENTHAL 2600 NE 12TH AVE #104 LAKE WORTH, FL 33435			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 			DATE 2/21/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		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	PROBERT ROSENTHAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2600 NE 12TH AVE, #104	NAME			
STREET ADDRESS	BOYNTON BEACH, FL 33435	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	V. JAMES KURTZMAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9872 HEMLOCK WOOD WAY	NAME			
STREET ADDRESS	BOYNTON BEACH, FL 33437	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	FVP FRED WECHSHER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	8248 GRAND MESSINA, CIRCLE	NAME			
STREET ADDRESS	BOYNTON BEACH, FL 33437	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	T. JERRY BROWN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9778 VIA VERGA ST.	NAME			
STREET ADDRESS	LAKE WORTH, FL 33467	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/21/07 561/740-2306