

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90737 023 \*\*\*\*\*61.25

**DOCUMENT # 754980**

1. Entity Name

BETH ZION, INC.



Principal Place of Business

129 SPARROW DRIVE  
ROYAL PALM BEACH FL 33411

Mailing Address

129 SPARROW DRIVE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2093052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, KATHLEEN  
17043 35TH PLACE NORTH  
LOXAHATCHEE FL 33470

Name **Rickabaugh, Michele**

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

**108 Segovia Ct.**

City **Royal Palm Beach**

**FL**

Zip Code **33411-1150**

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

*Michele Rickabaugh*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME D  
STREET ADDRESS BARAOLDAN, RUTH  
CITY-ST-ZIP 1 BAY CEDAR CT  
ROYAL PALM BCH FL

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS Rickabaugh, Michele  
CITY-ST-ZIP 108 Segovia Ct.  
Royal Palm Beach, FL 33411

TITLE ☒ Delete  
NAME TD  
STREET ADDRESS SIMON, KATHLEEN  
CITY-ST-ZIP 17043 35TH PLACE NORTH  
LOXAHATCHEE FL 33470

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MEDOFF, KAREN  
CITY-ST-ZIP 13049 MEADOW BREEZE DR  
WEST PALM BEACH FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS COLLINS, VIOLA  
CITY-ST-ZIP 200 MEANDER CIRCLE  
ROYAL PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS BIGEISEN, MARVIN  
CITY-ST-ZIP 7160 NEER POINT  
WEST PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS MILLER, WAYNE  
CITY-ST-ZIP 16084 E PREAKNESS DR  
LOXAHATCHEE FL 33470

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS SUSY MIKHAR  
CITY-ST-ZIP 16084 E. Preakness Drive  
LOXAHATCHEE FL. 33470

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 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: *Joel Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #