

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754980

FILED
May 03, 2005
Secretary of State

Entity Name: BETH ZION, INC.

Current Principal Place of Business:

129 SPARROW DRIVE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

129 SPARROW DRIVE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-2093052 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:

RICKABAUGH, MICHELE
108 SEGOVIA CT
ROYAL PALM BEACH, FL 334111150 US

Name and Address of New Registered Agent:

MEDOFF, ALAN J T
13049 MEADOWBREEZE DR
WELLINGTON, FL 33414 US

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: ALAN J MEDOFF

05/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARAOLDAN, RUTH
Address: 1 BAY CEDAR CT
City-St-Zip: ROYAL PALM BCH, FL

Title: TD () Delete
Name: RICKABAUGH, MICHELE
Address: 108 SEGOVIA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: MEDOFF, KAREN
Address: 13049 MEADOW BREEZE DR
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VPD () Delete
Name: COLLINS, VIOLA
Address: 200 MEANDER CIRCLE
City-St-Zip: ROYAL PALM BCH, FL

Title: CD () Delete
Name: BIGELEISEN, MARVIN
Address: 7160 NEER POINT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PD () Delete
Name: MILLER, SUSY
Address: 16084 E PREAKNESS DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MEDOFF, ALAN J T
Address: 13049
City-St-Zip: MEADOWBREEZE DR, FL 33414

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 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 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: ALAN J MEDOFF

T

05/03/2005

Electronic Signature of Signing Officer or Director

Date