

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754980

**FILED**  
**Jan 06, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, ROBERT  
1729 ANNANDALE CIRCLE  
ROYAL PALM BEACH, FL 34411 US

**Name and Address of New Registered Agent:**

SKORAN, PROCOPIA  
129 SPARROW DRIVE  
ROYAL PALM BEACH, FL 34411 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: PROCOPIA SKORAN

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SKORAN, PROCOPIA  
Address: 129 SPARROW DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PPD  
Name: ASHER, JACK  
Address: 8590 PINE CAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPD  
Name: KAPLAN, LILA  
Address: 129 SPARROW DRIVE  
City-St-Zip: ROYAL PAM BEACH, FL 33414

Title: TD  
Name: CHAIKEN, ALVIN  
Address: 6218 188TH TRAIL NORTH  
City-St-Zip: GREENACRES, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: PROCOPIA SKORAN

PD

01/06/2011

Electronic Signature of Signing Officer or Director

Date