


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90183 035 ****61.25

DOCUMENT # N01000005065 1. Entity Name BEIT TEHILA, INC.					
Principal Place of Business 1705 LITHIA PINECREST RD BRANDON, FL 33511			Mailing Address PO BOX 3692 BRANDON, FL 33509-3692		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03232005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3496152				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLAS PLUMMER P.O. BOX 3692 BRANDON, FL 33509			7. Name and Address of New Registered Agent Name LORI DRYER Street Address (P.O. Box Number is Not Acceptable) 1200 LITHIA PINECREST RD. City BRANDON FL Zip Code 33511		
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 <u><i>Lori Dryer</i></u> 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PLUMMER, NICHOLAS 1200 LITHIA PINECREST RD. BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS E. PLUMMER P.O. Box 3692 BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, DANIELLE 1200 LITHIA PINECREST RD. BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH MESSER 6733 EAST STROH RD. PARKER, CO 80134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, RON PO BOX 148 BRANDON, FL 335090148	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUREEN MESSER 6733 EAST STROH RD. PARKER, CO 80134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUMPHREYS, JANET PO BOX 148 BRANDON, FL 335090148	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRYER, LORI 1200 LITHIA PINECREST RD BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BOYD 11210 LEPRECHAUN DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
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: <u><i>Nicholas Plummer</i></u> 4/7/05 (813) 654-2222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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