

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000290

FILED
Apr 22, 2004
Secretary of State**Entity Name:** KEHILAT BEIT ISRAEL INC.**Current Principal Place of Business:**160 IBIS ROAD
LONGWOOD, FL 32779**New Principal Place of Business:**857 SKY LAKE CIR.
C
ORLANDO, FL 32809**Current Mailing Address:**160 IBIS ROAD
LONGWOOD, FL 32779**New Mailing Address:**857 SKY LAKE CIR.
C
ORLANDO, FL 32809**FEI Number:** 30-0026506**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONT, JOSE L
160 IBIS ROAD
LONGWOOD, FL 32779**Name and Address of New Registered Agent:**MONT, JOSE L
857 SKY LAKE CIR
C
ORLANDO, FL 32809

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: JOSE L MONT

04/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONT, JOSE L
Address: 160 IBIS ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: STD () Delete
Name: CARTER, MIGDALIA
Address: 160 IBIS ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LOPEZ, MARSHALL
Address: 203 MEADOW HILLS DR.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: LOPEZ, GEORGE
Address: 203 MEADOW HILLS DR.
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete
Name: CARTER, DANNY G
Address: 160 IBIS ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONT, JOSE L
Address: 857 SKY LAKE CIR. APT. C
City-St-Zip: ORLANDO, FL 32809

Title: STD (X) Change () Addition
Name: LOPEZ, ARGELIA
Address: 14608 RIVERA POINTE DR.
City-St-Zip: ORLANDO, FL 32828

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: JOSE L MONT

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date