

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004769

FILED
Aug 12, 2005
Secretary of State

Entity Name: BEIT TEFILLAH, INC.

Current Principal Place of Business:

1430 PINE STREET
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

113 S. JOHN C. SIMS PARKWAY
VALPARAISO, FL

New Mailing Address:

FEI Number: 57-1166978 **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:

Name and Address of New Registered Agent:

PINK, PHIL
101 DUKE DRIVE
NICEVILLE, FL 32578 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PINK, PHIL
Address: 101 DUKE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: PINK, LINDA
Address: 101 DUKE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SIMPSON, DAVID A
Address: 909 MAR WALT DRIVE, SUITE 1024
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D () Delete
Name: LUMPKIN, ELOISE
Address: 72 LAURIE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PHIL PINK

D

08/12/2005

Electronic Signature of Signing Officer or Director

Date