

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008355

FILED
Apr 14, 2005
Secretary of State

Entity Name: SYNAGOGUE ORTHODOX OF PANAMA CITY BEACH, INC.

Current Principal Place of Business:

223 GLADES TRAIL
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

223 GLADES TRAIL
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

APPLEBAUM, STEVEN L
9108 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

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: MAMAN, DAVID
Address: 223 GLADES TRAIL
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: ASSARAF, SHLOMO
Address: 3665 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: MALAMUD, FERNANDO
Address: 3742 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: AZOULAY, DANI
Address: 8210 PALM COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: BENSIMON, SALOMON
Address: 10622 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: DAVID MAMAN

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date