

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008906

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: BEIT MORESHET, INC.

**Current Principal Place of Business:**

9596 OREGON ROAD  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 811323  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BRAWER, IRA  
22095 ATAMAN STREET  
BOCA RATON, FL 33428 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: PRES ( ) Delete  
Name: BRAWER, IRA RABBI  
Address: 22095 ATAMAN STREET  
City-St-Zip: BOCA RATON, FL 33428

Title: DIR. ( ) Delete  
Name: CIPORKIN, PETER  
Address: 804 CYPRESS GROVE LANE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR. ( ) Delete  
Name: HUTCHER, JESSE  
Address: 11186 LADINO STREET  
City-St-Zip: BOCA RATON, FL 33428

Title: DIR. ( ) Delete  
Name: KIVELOWITZ, GARY  
Address: 2336 HAMPSTEAD AVE.  
City-St-Zip: CLERMONT, FL 34711

**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 exemption stated in Chapter 119, 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: IRA E. BRAWER

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date