

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90324 001 \*\*\*122.50

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<b>DOCUMENT # N07863</b> 1. Entity Name <b>BET SHIRA CONGREGATION, INC.</b>					
Principal Place of Business 7500 SW 120TH ST. MIAMI, FL 33156				Mailing Address 7500 SW 120TH ST. MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2500437</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TESCHER, GAIL S 7500 SW 120 ST MIAMI, FL 33156				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b></div> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSNER, CURT.		NAME		
STREET ADDRESS	15701 SW 78 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVAK, MICHAEL		NAME	Treasurer	
STREET ADDRESS	13270 SW 87 AVE		STREET ADDRESS	Novak, Michael	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	13270 SW 87 Ave	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TESCHER, GAIL S.		NAME	Executive Director	
STREET ADDRESS	13500 SW 69 CT.		STREET ADDRESS	@ Tescher, Gail	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	2925 Jackson Avenue	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAGER, MARJIA		NAME	Secretary	
STREET ADDRESS	7601 SW 124 STREET		STREET ADDRESS	Berger, Martin	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	7601 SW 124 Street	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Gail S Tescher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3/30/04</i> Daytime Phone # <i>305-238-2601</i>		