# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 24, 2005 8:00 am**
**Secretary of State**
05-24-2005 90121 027 ****61.25

DOCUMENT # N12788

1. Entity Name

BETH TORAH ADATH YESHURUN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 20350 NE 26TH AVE<br>NORTH MIAMI BEACH FL 33180<br>US | 20350 NE 26TH AVE<br>NORTH MIAMI BEACH FL 33180<br>US |

1st MOORE CR2E037 (10/04)

| 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 59-2750308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BERGER, JOEL
20350 NE 26 AVE
NORTH MIAMI BEACH FL 33180

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KOCH, CHARLES<br>20350 NE 26TH AVE<br>NORTH MIAMI BCH. FL | ☑ Delete | VD<br>MARGOLIS, ED<br>3083 NE 183 LANE<br>MIAMI FL 33180 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SID, KOSIOVSKY<br>19923 NE 19 PLACE<br>MIAMI FL 33179 | ☐ Delete | VD<br>KOSLOVSKY, SID<br>19923 NE 19 PLACE<br>MIAMI FL 33179 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SCHECK, RAQUEL<br>2120 NE 190 TERR<br>MIAMI FL 33179 | ☐ Delete | TD<br>DR SHEINMAN, STEVE<br>296 S. PARKWAY<br>GOLDEN BEACH FL 33160 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MASIA, BRUCE<br>368 GOLDEN BEACH DR<br>GOLDEN BEACH FL 33160 | ☐ Delete | VD<br>MASIA, BRUCE<br>21303 NE 18 PLC<br>N MIAMI BEACH 33179 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VED<br>DR RICK, MARS<br>2111 NE 211 TERRACE<br>MIAMI FL 33179 | ☐ Delete | PD<br>DR MARS, RICK<br>2111 NE 211 TERRACE<br>MIAMI FL 33179 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

**SIGNATURE:** _____ Bruce Masia 5-17-05 954-316-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #