2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N12788

Entity Name: BETH TORAH ADATH YESHURUN, INC.

Current Principal Place of Business:

20350 NE 26TH AVE
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20350 NE 26TH AVE
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

FEI Number: 59-2750308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRISE-MOSES, DIDI
20350 NE 26 AVE
NORTH MIAMI BEACH, FL 33180 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:	PD	( ) Delete
Name:	ORVIETO, MARCIA	
Address:	1990 NE 197 TERR	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	TD	( ) Delete
Name:	LINKEWER, JORGE	
Address:	2220 NE 211 ST	
City-St-Zip:	MIAMI, FL 33180	
Title:	EVPD	( ) Delete
Name:	KETTLER, BRIAN	
Address:	19480 39 COURT	
City-St-Zip:	GOLDEN BEACH, FL 33160	
Title:	PPDD	( ) Delete
Name:	MASIA, BRUCE	
Address:	368 GOLDEN BEACH DR	
City-St-Zip:	GOLDEN BEACH, FL 33160	
Title:	PPDD	( ) Delete
Name:	DR RICK, MARS	
Address:	2111 NE 211 TERRACE	
City-St-Zip:	MIAMI, FL 33179	
Title:	VD	( ) Delete
Name:	TAMIR, DENISE	
Address:	2241 NE 197 ST	
City-St-Zip:	N MIAMI BEACH, FL 33180	

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:	
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: MARCIA ORVIETO PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date