

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43428

FILED
Mar 07, 2005
Secretary of State

Entity Name: AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.

Current Principal Place of Business:

22095 ATAMAN ST
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 811323
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 65-0261270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAWER, IRA ETHAN
22095 ATAMAN ST
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: PD () Delete
Name: BRAWER, IRA E.,
Address: 22095 ATAMAN ST
City-St-Zip: BOCA RATON, FL 33428

Title: VSD () Delete
Name: BRAWER, GLORIA J.,
Address: 22095 ATAMAN ST
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: JACOBS, R
Address: 3259 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33085

Title: SD () Delete
Name: CIPORKIN, LARRY
Address: 804 CYPRESS GROVE LANE #503
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: CIPORKIN, PETER
Address: 804 CYPRESS GROVE LANE #503
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: GINSBURG, HARRIET
Address: 5851 CAMINO DEL SOL
City-St-Zip: BOCA RATON, FL 33433

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 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: IRA E. BRAWER

Electronic Signature of Signing Officer or Director

P/D

03/07/2005

Date