


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 012 \*\*\*\*61.25

<b>DOCUMENT # N43914</b>					
1. Entity Name BETH EL-THE BEACHES SYNAGOGUE, INC.					
Principal Place of Business P.O. BOX 1698 PONTE VEDRA, FL 32004-1698			Mailing Address P.O. BOX 1698 PONTE VEDRA, FL 32004-1698		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARKS, JEFFREY B RYAN & MARKS 3008-8 HARTLEY ROAD JACKSONVILLE, FL 32257				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, TODD			NAME	
STREET ADDRESS	1965 SPOONBILL STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32224			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIT, GERALD L			NAME	
STREET ADDRESS	191 SAN JUAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ALLAN			NAME	
STREET ADDRESS	221 WOODY CREEK DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORENDER, DONNA			NAME	<i>DS Karen Toker</i>
STREET ADDRESS	5909 DUVAL DRIVE			STREET ADDRESS	<i>6030 Oakbrook Court</i>
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	<i>Ponte Vedra Beach, FL 32082</i>
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STUART			NAME	
STREET ADDRESS	149 WOODLANDS CREEK DRWEF			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: <i>Allan Cohen</i> <b>ALLAN COHEN</b>				Date: <i>1/25/06</i> 804-273-9100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	