

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90120 015 \*\*\*\*61.25

**DOCUMENT # N43914**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3075462**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARKS, JEFFREY B  
RYAN & MARKS  
3008-8 HARTLEY ROAD  
JACKSONVILLE FL 32257**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STOOPACK, CLAIRE</b>	<i>Change</i>
STREET ADDRESS	<b>13 LAKE JULIA DRIVE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KRIMSKY, EILEEN</b>	
STREET ADDRESS	<b>1709 SECOND ST SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FADALE, PRISCILLA</b>	
STREET ADDRESS	<b>8023 PEBBLE CREEK LANE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD Kinsner, Ronald</b>	
STREET ADDRESS	<b>221 Charles Oaks Drive</b>	
CITY-ST-ZIP	<b>Ponte Vedra FL 32082</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shant Williams</b>	
STREET ADDRESS	<b>149 Woodlands Creek Drive</b>	
CITY-ST-ZIP	<b>Ponte Vedra FL 32082</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**012903 9042233663**  
Date Daytime Phone #

CR2E037 (10/02)