

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90303 019 \*\*\*\*61.25

<b>DOCUMENT # N94000000066</b>	
1. Entity Name <b>BETH RACHAMIM SYNAGOGUE, INC.</b>	



Principal Place of Business <b>719 ARLINGTON AVE N. ST. PETERSBURG, FL 33701-3621 US</b>	Mailing Address <b>719 ARLINGTON AVE N. ST. PETERSBURG, FL 33701-3621 US</b>
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**20038726**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3225594</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SINGER, ROBERT L. PRES. 719 ARLINGTON AVE. N. SAINT PETERSBURG, FL 33701-3621</b>	

7. Name and Address of New Registered Agent	
Name	<b>ROBERT L. SINGER, DIRECTOR</b>
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 <i>Robert L. Singer, Director</i>	DATE <b>4/15/05</b>
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**Filing 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	<del>SINGER, ROBERT L.</del>
STREET ADDRESS	719 ARLINGTON AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VD <input type="checkbox"/> Delete
NAME	<del>SMITH, RAMEY K</del>
STREET ADDRESS	719 ARLINGTON AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	TD <input type="checkbox"/> Delete
NAME	<del>KATZ, SOROKA</del>
STREET ADDRESS	719 ARLINGTON AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	SD <input type="checkbox"/> Delete
NAME	ROBINSON, GAIL L
STREET ADDRESS	719 ARLINGTON AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> Delete
NAME	THIESEN, LYNETTE
STREET ADDRESS	719 ARLINGTON AVE. N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN SCHEINER
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. CUTLER
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. SINGER
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 checked="" type="checkbox"/> Addition
NAME	DAVID W. LANDY
STREET ADDRESS	719 ARLINGTON AVE N, ST PETERSBURG, FL 33701
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: <i>Gail L. Robinson</i>	GAIL L. ROBINSON, SECRETARY 4/15/05
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