2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007161

FILED Jan 10, 2009 Secretary of State

Entity Name: BETH HILLEL MESSIANIC FELLOWSHIP OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

6279 W. SAMPLE ROAD CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

1164 NW 117 AVENUE 10777 W SAMPLE ROAD 819 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065

FEI Number: 65-0787515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARSKY, DAVID L RABBI D
1164 NW 117 AVENUE
10777 W SAMPLE ROAD
CORAL SPRINGS, FL 33071 US
819

CORAL SPRINGS, FL 33065 US

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: DAVID L. BARSKY 01/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

CORAL SPRINGS, FL 33065

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BARSKY, DAVID L
 Name:
 BARSKY, DAVID L

 Address:
 1164 NW 117 AVENUE
 Address:
 10777 W SAMPLE ROAD #819

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:
 CORAL SPRINGS, FL 33065

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 BARSKY, ROBERTA A
 Name:
 BARSKY, ROBERTA A

 Address:
 1164 NW 117 AVENUE
 Address:
 10777 W SAMPLE ROAD #819

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete Title: () Change () Addition Name: FOGELMAN, ELEANOR Name: Address: 10777 W SAMPLE ROAD #203 Address:

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.

City-St-Zip:

SIGNATURE: DAVID L. BARSKY P 01/10/2009