2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006614

FILED Jan 09, 2007 Secretary of State

Entity Name: SEPHARDIC SYNAGOGUE OF FT. LAUDERDALE - "BNM", INC. **Current Principal Place of Business: New Principal Place of Business:** 3600 E. OCEAN BLVD 3600 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 **Current Mailing Address: New Mailing Address:** 3600 E. OCEAN BLVD 3600 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 FEI Number: 65-0799124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FIELDS, SIMON FIELDS, SIMON 3201 BÁYVIEW DR. 3600 N. OCEAN BLVD. FORT LAUDERDALE, FL 33306 US FORT LAUDERDALE, FL 33308 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: 01/09/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FIELDS, SIMON Name: Name: Address: 3201 BAYVIEW DRIVE, D Address: City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, JENNIFER Name: Name: Address: 3201 BAYVIEW DR., A Address: City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARAF, FIRTINA Name: ROSS, ALEXANDRIA J Name: 3201 BAYVIEW DR C 3201 BAYVIEW DR C Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SIMON FIELDS D 01/09/2007