

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

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 06 1998 8:00am  
Secretary of State

DOCUMENT # **N43914** (3)

1. Corporation Name  
**BETH EL-THE BEACHES SYNAGOGUE, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 51427 JACKSONVILLE FL 32240-1427

3. Date Incorporated or Qualified  
**06/17/1991**

4. FEI Number Applied For  
**59-3075462** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association?  Yes  No

24 25 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORN JEFFREY G.  
87 VERANDA LANE  
PONTE VEDRA BEACH FL 32082

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeffrey G. Korn* DATE

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME ACKMERMAN, SCOT N  
STREET ADDRESS 8007 WHISPER LAKE LANE EAST  
CITY-ST-ZIP PONTE VEDRA BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME KORN, ALYSSA  
STREET ADDRESS 87 VERANDA LANE  
CITY-ST-ZIP PONTE VERA BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME KRIMSKY, EILEEN  
STREET ADDRESS 1709 2ND ST. S.  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME MELTZER, GAIL  
STREET ADDRESS 1889 MORNING DOVE LANE  
CITY-ST-ZIP JACKSONVILLE BEACH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 2898 904 223 3663

CR2E037 (10/97)