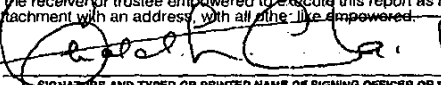


AMENDED
ANNUAL REPORT

FILED
04 MAY 21 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04282004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number 59-3075462	
MARKS, JEFFREY B RYAN & MARKS 3008-8 HARTLEY ROAD JACKSONVILLE, FL 32257				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOOPACK, CLAIRE	NAME	600037432536		
STREET ADDRESS	13 LAKE JULIA DRIVE	STREET ADDRESS	05/28/04--01049--019 **70.00		
CITY-ST-ZIP	PONTE VEDRA, FL 32082	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIMSKY, EILEEN	NAME	TD GERALD L. CHAIT		
STREET ADDRESS	1709 SECOND ST SOUTH	STREET ADDRESS	191 SANJUAN DRIVE		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FADALE, PRISCILLA	NAME	FD ALAN COHEN		
STREET ADDRESS	8023 PEBBLE CREEK LANE	STREET ADDRESS	221 WOODY CREEK DRIVE		
CITY-ST-ZIP	PONTE VEDRA, FL 32082	CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIRSNER, RONALD	NAME	VP DONNA ORGNER		
STREET ADDRESS	221 GNARLAD OAKS DRIVE	STREET ADDRESS	5909 DUVAL DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	JACKSONVILLE BEACH FL 32082		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, STUART	NAME	PD WILLIAMS, STUART		
STREET ADDRESS	149 WOODLANDS CREEK DRWEF	STREET ADDRESS	149 WOODLANDS CREEK DRWEF		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VP TODD BERNSTEIN		
STREET ADDRESS		STREET ADDRESS	1965 SPOONBILL STREET		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE BEACH FL 32082		
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 the above empowered.					
SIGNATURE: 			Date: 5/20/04	Daytime Phone: 904-2609979	