

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006877

**Entity Name:** BETH SAR SHALOM FLORIDA, INC.

**Current Principal Place of Business:**

4731 W ATLANTIC AVE  
SUITE B11  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4731 W ATLANTIC AVE  
SUITE B11  
DELRAY BEACH, FL 33445 US

**FEI Number:** 65-0975573

**Certificate of Status Desired:** Yes

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

BAEHR, RON  
4731 W ATLANTIC AVE  
SUITE B11  
DELRAY BEACH, FL 33445 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ALPERT, BENJAMIN DR.  
Address        4731 W ATLANTIC AVE  
                  SUITE B11  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           BAEHR, RON  
Address        4731 W ATLANTIC AVE  
                  SUITE B11  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           HAROLD, ROSIN  
Address        4731 W ATLANTIC AVE  
                  SUITE B11  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby 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 all other like empowered.*

**SIGNATURE:** RON BAEHR

**DIRECTOR**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date