

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 706883 (6)

1. Corporation Name

JACOB C. COHEN COMMUNITY SYNAGOGUE, INC.



Principal Place of Business 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 999 WASHINGTON AVENUE MIAMI BEACH FL 33139-5015
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1964	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-1086821	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

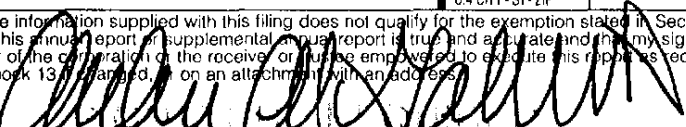
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALBUT, ABRAHAM 999 WASHINGTON AVENUE MIAMI BEACH FL 33139		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GALBUT, ABRAHAM	1.2 NAME	
STREET ADDRESS	4425 MICHIGAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GALBUT, DAVID	2.2 NAME	
STREET ADDRESS	4730 N. BAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	BD	3.1 TITLE	☐ Change ☐ Addition
NAME	WASSERMAN, MARTIN	3.2 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALAN WALTERS	4.2 NAME	
STREET ADDRESS	999 WASHINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE	BD	5.1 TITLE	☐ Change ☐ Addition
NAME	GALBUT, RUSSELL	5.2 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE:  1/10/97 (305) 672-3100

CR2E037 (9/96)