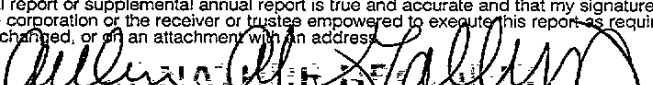


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF REVENUE 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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1964	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1086821	
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		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent GALBUT, ABRAHAM 999 WASHINGTON AVENUE MIAMI BEACH FL 33139			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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					
1.1 TITLE PD ☐ DELETE					
1.2 NAME GALBUT, ABRAHAM					
1.3 STREET ADDRESS 4425 MICHIGAN AVENUE					
1.4 CITY-ST-ZIP MIAMI BEACH FL					
2.1 TITLE V ☐ DELETE					
2.2 NAME GALBUT, DAVID					
2.3 STREET ADDRESS 4730 N. BAY RD.					
2.4 CITY-ST-ZIP MIAMI BEACH FL					
3.1 TITLE BD ☐ DELETE					
3.2 NAME WASSERMAN, MARTIN					
3.3 STREET ADDRESS 999 WASHINGTON AVENUE					
3.4 CITY-ST-ZIP MIAMI BEACH FL					
4.1 TITLE D ☐ DELETE					
4.2 NAME ALAN WALTERS					
4.3 STREET ADDRESS 999 WASHINGTON AVE.					
4.4 CITY-ST-ZIP MIAMI BEACH FL 33139					
5.1 TITLE BD ☐ DELETE					
5.2 NAME GALBUT, RUSSELL					
5.3 STREET ADDRESS 999 WASHINGTON AVENUE					
5.4 CITY-ST-ZIP MIAMI BEACH FL					
6.1 TITLE ☐ DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
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4.1 TITLE ☐ Change ☐ Addition					
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5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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:  1/8/98 (305) 672-3100					

CR2E037 (10/97)