

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706883					
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		Applied For ☐ Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE				1.1 TITLE ☐ Change ☐ Addition			
NAME PD 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 ☐ DELETE				2.1 TITLE ☐ Change ☐ Addition			
NAME V 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 ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition			
NAME BD 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 ☐ DELETE				4.1 TITLE ☐ Change ☐ Addition			
NAME D 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 ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition			
NAME BD 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 ☐ DELETE				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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

305 672-3100

Date

Daytime Phone #

CR2E037 (11/98)