

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715844 (7)
1. Corporation Name
NORTH BAY VILLAGE JEWISH CENTER, INC.



Principal Place of Business: **7800 HISPANOLA AVENUE NORTH BAY VILLAGE FL 33141**
Mailing Address: **7800 HISPANOLA AVENUE NORTH BAY VILLAGE FL 33141**

3. Date Incorporated or Qualified: **01/07/1969**
3a. Date of Last Report: **07/19/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-6495515	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KANDEL, HOWARD 7501 EAST TREASURE DRIVE NORTH BAY VILLAGE FL 33141				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANDEL, HOWARD	1.2 NAME	ELEANOR GRINGLER
STREET ADDRESS	7501 E. TREASURE DRIVE 10J	1.3 STREET ADDRESS	8010 EAST DRIVE #308
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CHEVLIN, SIMON	2.2 NAME	
STREET ADDRESS	3549 MACELLAN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33180	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	NEXER, SYLVIA	3.2 NAME	
STREET ADDRESS	7509 BUCCANGER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NEXER, MAX	4.2 NAME	
STREET ADDRESS	7509 BUCCANGER AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	4.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BECKMAN, ANN	5.2 NAME	
STREET ADDRESS	17050 NE 14TH AVE. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BREGMAN, ANNE	6.2 NAME	
STREET ADDRESS	1780 123 ST. CAUSEWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO. BAY VILLAGE FL 33141	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eleanor Gringler **ELEANOR GRINGLER** DATE: April 29, 1996 (305) 789-3824

CR2E037 (12/95)