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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33141-4136
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3. Date Incorporated or Qualified 01/07/1969	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Sulte, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address 1402 79st Causeway	27. Suite, Apt. #, etc. #150	28. City & State North Bay Village, FL	29. Zip 33141	30. Country Dade
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4. FEI Number 59-6495515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**KANDEL, HOWARD
7501 EAST TREASURE DRIVE
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent

81. Name SIMON CHEVLIN
82. Street Address (P.O. Box Number is Not Acceptable) 3549 Magellan Circle #414
83.
84. City North Miami Beach
85. Zip Code FL 33180

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *Simon Chevlin* **SIMON CHEVLIN, President** **April 15, 1997**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRINGLER, ELEANOR	
STREET ADDRESS	8010 EAST DR. #308	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHEVLIN, SIMON	
STREET ADDRESS	3549 MACELLAN CIRCLE	
CITY-ST-ZIP	N BAY VILLAGE FL 33180	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NEXER, SYLVIA	
STREET ADDRESS	7509 BUCCANGER AVE.	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEXER, MAX	
STREET ADDRESS	7509 BUCCANGER AVE.	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	BECKMAN, ANN	
STREET ADDRESS	17050 NE 14TH AVE. #201	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	BREGMAN, ANNE	
STREET ADDRESS	1780 123 ST. CAUSEWAY	
CITY-ST-ZIP	NO. BAY VILLAGE FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHEVLIN, SIMON	
1.3 STREET ADDRESS	3549 Magellan Circle #414	
1.4 CITY-ST-ZIP	North Miami Beach, FL 33180	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRILL, RUTH	
2.3 STREET ADDRESS	8500 Biscayne Blvd, Lot S1033	
2.4 CITY-ST-ZIP	Miami, FL 33138	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE *Simon Chevlin*

CR2E037 (9/96)