

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7800 HSPANOLA AVENUE                  NORTH BAY VILLAGE FL 33141</b>	Mailing Address <b>1402 79ST CAUSEWAY                  #150                  NORTH BAY VILLAGE FL 33141                  US</b>
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3. Date Incorporated or Qualified <b>01/07/1969</b>	
4. FEI Number <b>59-6495515</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SIMON, CHEVLIN**  
**3549 MAGELLAN CIRCLE #414**  
**N. MIAMI BEACH FL 33180**

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

**FL**

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRINGLER, ELEANOR	
STREET ADDRESS	8010 EAST DR. #308	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRILL, RUTH	
STREET ADDRESS	85 BISCAYNE BLVD, LOT S1033	
CITY-ST-ZIP	MIAMI FL	
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	BREGMAN, ANNE	
STREET ADDRESS	1780 123 ST. CAUSEWAY	
CITY-ST-ZIP	NO. BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRINGLER, ELEANOR	
1.3 STREET ADDRESS	8010 East Dr. #308	
1.4 CITY-ST-ZIP	North Bay Village, FL 33141	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRILL, RUTH	
2.3 STREET ADDRESS	8500 Bisc. 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BREGMAN, ANNE	
4.3 STREET ADDRESS	1780 JFK Causeway	
4.4 CITY-ST-ZIP	No Bay Village, FL 33141	
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIMON CHEVLIN	
5.3 STREET ADDRESS	3549 Magellan Circle #414	
5.4 CITY-ST-ZIP	N.Miami Beach, FL 33180	
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 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: *Ruth Brill* 4/25/98 305 752 1582

CR2E037 (10/97)