


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90059 015 ****61.25

0081248

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 718876

1. Corporation Name
HILLEL COMMUNITY DAY SCHOOL, INC.

Principal Place of Business 19000 N.E. 25TH AVE. (N. MIAMI BCH) P.O. BOX 630158 OJUS STAT. OJUS FL 33163	Mailing Address 19000 N.E. 25TH AVE. (N. MIAMI BCH) P.O. BOX 630158 OJUS STAT. OJUS FL 33163
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/20/1970 4. FEI Number 59-1296635 Applied For 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
--	---	--

9. Name and Address of Current Registered Agent LIPSON, ARTHUR E 19000 NE 25TH AVENUE 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 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]* DATE: 2/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOFFMAN, MARTIN 19000 NE 25TH AVE. N. MIAMI BEACH FL	1.1 TITLE	P.D. KOSLOVSKY, SUSAN 19000 NE 25th Ave. NMB, FL. 33180
NAME	PD XOSLOVSKY, SUSAN 19000 NE 25TH AVE N. MIAMI BEACH FL	1.2 NAME	V.D. LIPSON, ARTHUR 19000 NE 25th Ave. NMB, FL. 33180
STREET ADDRESS	SD REISS, TOBI 19000 NE 25TH AVENUE N. MIAMI BEACH FL	1.3 STREET ADDRESS	T.D. CANNER, IRVING 19000 NE 25th Ave. NMB, FL. 33180
CITY-ST-ZIP	TD CANNER, IRVING 19000 NE 25TH AVE N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	S.D. KOPEL, FORTUNA 19000 NE 25th Ave. NMB, FL. 33180
	FPD LIPSON, ARTHUR 19000 NE 25TH AVE N MIAMI BCH FL	2.1 TITLE	V.D. WEINSTEIN, STANLEY 19000 NE 25th Avenue NMB, FL. 33180
	SD KOPPEL, FORTUNA 19000 NE 25TH AVE N MIAMI BCH FL 33180	2.2 NAME	VD DACH, JUDITH 19000 NE 25th Ave. NMB, FL. 33180
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 2/25/99 (305) 931-2831

CR2E037 (1/198)