FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:52

DOCUMENT # 765838 (8)

1. Corporation Name
GLADES JEWISH COMMUNITY CENTER

Principal Place of Business	Mailing Address
C/O ARTHUR NAGLER, PRES. 397 N. JUNIPER AVE. PAHOKEE FL 33476	C/O ARTHUR NAGLER, PRES. 397 N. JUNIPER AVE. PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1982
3a. Date of Last Report: 01/21/1994
4. FEI Number: 05-0053202 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 324 NW AVENUE G	2a. Mailing Address 26: SAME	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23: BELLE GLADE	City & State 28:	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24: 33430 Country 25: USA	Zip 29: Country 30:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NAGLER, ARTHUR B.
397 NORTH JUNIPER AVENUE
PAHOKEE FL 33476

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NAGLER, ARTHUR B.	1.2 NAME	
STREET ADDRESS	397 NORTH JUNIPER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ARONS, EDWARD	2.2 NAME	
STREET ADDRESS	224 NW AVENUE G	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	NACHMAN, NATALIA	3.2 NAME	
STREET ADDRESS	224 NW AVENUE G	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	NAGLER, NOLA	4.2 NAME	
STREET ADDRESS	224 NW AVENUE G	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NACHMAN, IZ	5.2 NAME	
STREET ADDRESS	224 NW AVENUE G	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MULBERG, VICTOR	6.2 NAME	
STREET ADDRESS	224 NW AVENUE G	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	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)(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: Arthur Nagler 1/11/95 407 924 7655
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051431