FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90034 028 *****61.25

DOCUMENT # 765838

1. Corporation Name
GLADES JEWISH COMMUNITY CENTER

Principal Place of Business	Mailing Address
224 N.W. AVE G BELLE GLADE FL 33430 US	2885 DUQUESNE CIR WEST PALM BCH FL 33409 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/22/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0053202 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NAGLER, ARTHUR B.
2885 DUQUESNE CIRCLE
WEST PALM BCH FL 33409

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 _____ 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NACHMAN, NATALEAH		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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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 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: Arthur B. Nagler ARTHUR B. NAGLER 1/3/99 561-471-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)