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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18349** (3)

1. Corporation Name

THE DAVE AND MARY ALPER JEWISH COMMUNITY CENTER, INC.



Principal Place of Business

Mailing Address

11155 SW 112 AVE
MIAMI FL 33176
US

11155 SW 112 AVE
MIAMI FL 33176
US

3. Date Incorporated or Qualified
12/19/1986

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNSTEIN, RICHARD N.
COHEN, BERKE, BERNSTEIN, BRODIE & KENDELL
9100 S DADELAND BLVD, PENTHOUSE #1
MIAMI FL 33156**

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, typed or printed name of registered agent and street address (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	ROSEN, EDWARD	11155 SW 112 AVE.	MIAMI FL	<input type="checkbox"/>
DT	BRODIE SHELLY	11155 SW 112 AVE	MIAMI FL	<input checked="" type="checkbox"/>
DP	REISMAN, MARCIA	11155 SW 112 AVE	MIAMI FL	<input checked="" type="checkbox"/>
DS	GREENBAUM FREDA	11155 SW 112 AVE.	MIAMI FL	<input checked="" type="checkbox"/>
DV	FOLDES STEVE	11155 SW 112 AVE	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	Steve Foldes	11155 SW 112 Ave	Miami, Fla. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	Freda Greenbaum	11155 SW 112 Ave	Miami, Fla. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS	Mindy Finkelman	11155 SW 112 Ave	Miami, Fla. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV	Shelly Brodie	11155 SW 112 Ave	Miami, Fla. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: **Edward Rosen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996 271-9000
Date Daytime Phone

CR2E037 (12/95)