

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

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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Steve Foldes</b>	
2.3 STREET ADDRESS	<b>11155 SW 112 Ave</b>	
2.4 CITY - ST - ZIP	<b>Miami, Fla. 33176</b>	
3.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Freda Greenbaum</b>	
3.3 STREET ADDRESS	<b>11155 SW 112 Ave</b>	
3.4 CITY - ST - ZIP	<b>Miami, Fla. 33176</b>	
4.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Mindy Finkelman</b>	
4.3 STREET ADDRESS	<b>11155 SW 112 Ave</b>	
4.4 CITY - ST - ZIP	<b>Miami, Fla. 33176</b>	
5.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Shelly Brodie</b>	
5.3 STREET ADDRESS	<b>11155 SW 112 Ave</b>	
5.4 CITY - ST - ZIP	<b>Miami, Fla. 33176</b>	
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 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)