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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33176-3251
US



3. Date Incorporated or Qualified
12/19/1986

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2736411

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, RICHARD N.
COHEN, BERKE, BERNSTEIN, BRODIE & KONDALL
~~3100 S. DIXIE HWY, PENTHOUSE 11~~
MIAMI FL 33156 33133

KONDALL
2601 S. Bayshore Dr

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROSEN, EDWARD | |
| STREET ADDRESS | 11155 SW 112 AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | FOLDES, STEVE | |
| STREET ADDRESS | 11155 SW 112 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GREENBAUM, FREDA | |
| STREET ADDRESS | 11155 SW 112 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | FINKELMAN, MINDY | |
| STREET ADDRESS | 11155 SW 112 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BRODIE, SHELLY | |
| STREET ADDRESS | 11155 SW 112 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033118

Richard N. Bernstein
1/27/97 (305) 271-9000

CR2E037 (9/96)