FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18349

(3)

Mailing Address

THE DAVE AND MARY ALPER JEWISH COMMUNITY CENTER, INC.

| 11155 SW 112 A 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 |
|--|--|---|----------------------------------|---|------------------------------------|
| | | 2a. Mailing Address | | 4. FEI Number 59-2736411 | Applied For |
| 21 | | | 26 Suite Act # etc | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | |
| 24 | 25 | | 30 | | Yes No |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| | | _ | 81 Name | | |
| BERNSTEIN, RICHARD N. KONDELL | | | | dress (P.O. Box Number is Not Acceptable | e) |
| COHEN, BERKE, BERNSTEIN, BRODIE & KANDELL 8100 - DADELAND DLVD, PENTHOUSE - Abol S. Bayshore Office | | | | | |
| VIIALII CI | OBAGO 72. 5 TENTITORS | CAN ABOID IDUISMO | | | |
| MIAMI FL | . 3 3156 37 ₁ 37 | • | 84 City | | FL 85 Zip Code |
| 11. Pursuant t | to the provisions of Sections 617.0 | 502 and 617.1508, Florida Statute | s, the above-named co | proporation submits this statement for the pr | urgose of changing its registered |
| office or re | egistered agent, or both, in the Sta m familiar with, and accept the ob | ate of Florida. Such change was a | uthorized by the corpor | ration's board of directors. I hereby accep | t the appointment as registered |
| • | Transmar trans and doops the op | inguitation, because of the beautiful to | , roc districts | | |
| SIGNATURE _ | Signature, typed or printed name of registered | agent and title if applicable. (NOTE | : Registered Agent signature req | guired when reinstating) | DATE |
| 12. | OFFICERS / | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | , | Change Addition |
| NAME | ROSEN, EDWARD | | 1.2 NAME | | |
| STREET ADDRESS | 11155 SW 112 AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | · |
| TITLE | DT | DELETE | 2.1 TITLE | | Change Addition |
| NAME | FOLDES, STEVE | | 2.2 NAME | | |
| STREET ADDRESS | 11155 SW 112 AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | DP | DELETE . | 3.1 TALE | | ☐ Change ☐ Addition |
| NAME | GREENBAUM, FREDA | | 3.2 NAME | | |
| STREET ADDRESS | 11155 SW 112 AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4, CITY-ST-ZIP | | |
| TITLE | DS | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FINKELMAN, MINDY | | 4. 2 NAME | | |
| STREET ADDRESS | 11155 SW 112 AVENUE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | DV | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRODIE, SHELLY | | 5.2 NAME | | |
| STREET ADDRESS | 11155 SW 112 AVENUE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | <u>-</u> | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 coloporation 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 chapted, or on an attachment with an address.