

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 # N20574 (2)
1. Corporation Name

MIAMI BEACH JEWISH COMMUNITY CENTER, INC.



Principal Place of Business & MENNY GILA 4221 PINE TREE DRIVE MIAMI BEACH FL 33140-3111
Mailing Address & MENNY GILA 4221 PINE TREE DRIVE MIAMI BEACH FL 33140-3111

3. Date Incorporated or Qualified 05/11/1987 3a. Date of Last Report 02/20/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2788834 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 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MEMNY GILA~~
4221 PINE TREE DRIVE
MIAMI BEACH FL 33140

81 Name Spill, Joy
82 Street Address (P.O. Box Number is Not Acceptable) 4221 PINE TREE DRIVE
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 617.0502, Florida Statutes.

SIGNATURE Joy Spill X DATE 1/19/96
Signature typed or printed name of registered agent and title of agent. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SEC	<input type="checkbox"/> DELETE
NAME	HENTZ, JACQUE	
STREET ADDRESS	565 NORTH SHORE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPILL, JOY	
STREET ADDRESS	4200 ROYAL PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BAUM, MICHAEL	
STREET ADDRESS	9 LAGORCE CIR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERT, RON	
STREET ADDRESS	4578 ROYAL PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SINGER, BRUCE	
STREET ADDRESS	6481 PINE TERR DR	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OXIOS, CARLA	
STREET ADDRESS	115 W 3RD CT	
CITY-ST-ZIP	MIAMI BEACH FL	

11 TITLE	T-TRUSTEE SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HENTZ, JACQUE	
13 STREET ADDRESS	565 North Shore Drive	
14 CITY-ST-ZIP	MIAMI BEACH FL 33141	
21 TITLE	T-TRUSTEE OP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Spill, Joy	
23 STREET ADDRESS	4200 Royal Palm Ave.	
24 CITY-ST-ZIP	MIAMI BEACH FL 33141	
31 TITLE	T-Trustee VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Baum, Michael	
33 STREET ADDRESS	9 LAGORCE CIR	
34 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	400001730444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-03/04/96--01036--006	
53 STREET ADDRESS	***61.25	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: X Joy Spill DATE 01/19/96 (305) 534-3206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SG 3-1-96 Daytime Phone #

CR2E037 (12/95)