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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
4221 PINE TREE DR MIAMI BEACH FL 33140 US
P O BOX 379014 MIAMI FL 33137 US

3. Date Incorporated or Qualified
05/11/1987

4. FEI Number
59-2788834

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23

24 25 28 30

Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent

OFELIA OSIN-COHEN
4221 PINE TREE DR
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	HENTZ, JACQUE	1.1 TITLE	President
NAME	665 NORTH SHORE DRIVE	1.2 NAME	David Smith
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	4538 Sheridan Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Beach, FL 33140
TITLE	SPILL, JOY	2.1 TITLE	
NAME	4200 ROYAL PALM AVE	2.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPT BAUM, MICHAEL	3.1 TITLE	Director
NAME	9 LAGORCE CIR	3.2 NAME	Steve Schwartz
STREET ADDRESS	MIAMI BEACH FL 33141	3.3 STREET ADDRESS	4200 Biscayne Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	VP ALBERT, RON	4.1 TITLE	
NAME	4578 ROYAL PALM AVE	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPT SINGER, BRUCE	5.1 TITLE	Director
NAME	6461 PINE TERR DR	5.2 NAME	Bruce Yudewitz
STREET ADDRESS	MIAMI BCH FL 33141	5.3 STREET ADDRESS	4200 Biscayne Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	VP OXIOS, CARLA	6.1 TITLE	
NAME	115 W 3RD CT	6.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Joy Spill* JOY SPILL 4/2/98

CR2E037 (10/97)