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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34815

1. Corporation Name

SEPHARDIC SYNAGOGUE OF TURNBERRY, INC.

Principal Place of Business

C/O LEE MILICH P.A.
 11900 BISCAYNE BLVD. 809
 NORTH MIAMI BEACH FL 33181

*1001 No. Federal Highway
 Suite 1201 - Hallandale, FL 33009*

Mailing Address

JEROME GOLDMAN
 11900 BISCAYNE BLVD. 809
 NORTH MIAMI BEACH FL 33181

*1001 N. Federal Hwy
 Suite 1201
 Hallandale, FL 33009*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/20/1989

4. FEI Number

65-0158475

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GOLDMAN, JEROME E
 1001 NORTH FEDERAL HIGHWAY
 SUITE 201
 HALLANDALE FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHERA, STANLEY	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JEMAL, JACK	
STREET ADDRESS	19707 TURNBERRY WAY	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAMAH, AVE.	
STREET ADDRESS	19707 TURNBERRY	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUSHEY, JACK	
STREET ADDRESS	16 E 40TH ST 275 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHEAR, MORRIS	
STREET ADDRESS	257 MONMOUTH RD	
CITY-ST-ZIP	OAKHURST NJ 07755	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/99

718-331-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0035124

CR2E037-(1/1/98)