

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 20 AM 10:18

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000000697 (2)**

1. Corporation Name

**SEPHARDIC JEWISH CENTER OF SOUTH FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
20423 STATE RD. 7 SUITE 6297 BOCA RATON FL 33498  
20423 STATE RD. 7 SUITE 6297 BOCA RATON FL 33498

3. Date Incorporated or Qualified 02/10/1994 3a. Date of Last Report

4. FEI Number 65-0468538 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHAHER, LEWIS R -  
2300 GLADES RD., WEST TOWER  
SUITE 400  
BOCA RATON FL 33431~~

81 Name Michael J. Feldman CPA  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 500 NE SPANISH RIVER BLVD #205  
84 City Boca Raton FL 85 Zip Code 33431

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 the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT - DIRECTOR
NAME	DR. ANDREW WEISS
STREET ADDRESS	6 CYPRESS COVE
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	D
NAME	IVE ALGAZE
STREET ADDRESS	1806 BISCAYNE BLVD
CITY - ST - ZIP	AVENTURA FL 33160
TITLE	D
NAME	ESTHER HAKIM
STREET ADDRESS	8170 NADMER AVE
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
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)(b), 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 addition with an address.

SIGNATURE:

(SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR)

July 13, 1995 (407) 487-4852

CR2E037 (3/95)