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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003049

1. Corporation Name
SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF JEWI SH LIBRARIES, INC.

363841-90190-10

Principal Place of Business TEMPLE BETH AM 5950 N KENDALL DR MIAMI FL 33156	Mailing Address TEMPLE BETH AM 5950 N KENDALL DR MIAMI FL 33156
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/26/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-086-2591
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GOLD, ETTA TEMPLE BETH AM 5950 N KENDALL DR MIAMI FL 33156	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ETTA D. GOLD		1.2 NAME	
STREET ADDRESS 5950 N. KENDALL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL. 33156		1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBARA S. SCHWARZ		2.2 NAME	
STREET ADDRESS 5950 N. KENDALL DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL. 33156		2.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDY HOFFMAN		3.2 NAME	
STREET ADDRESS 18801 220 AVE. NE		3.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH, FL 33180		3.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIRLEY WOLFE CAJE		4.2 NAME	
STREET ADDRESS 4200 BISCAYNE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		4.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURIEL FERRON		5.2 NAME	
STREET ADDRESS 10282 HERONWOOD LAKE		5.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH, FL 33412		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: ETTA D. GOLD, PRESIDENT 1/9/99 (305) 666-6756 KIMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)