

DOCUMENT # N98000003049

091400

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF

FILED

00 DEC 11 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

TEMPLE BETH AM  
5950 N KENDALL DR  
MIAMI FL 33156

TEMPLE BETH AM  
5950 N KENDALL DR  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, ETTA  
TEMPLE BETH AM  
5950 N KENDALL DR  
MIAMI FL 33156

Name ESTRIN, Heidi  
Street Address (P.O. Box Number is Not Acceptable).  
CONGREGATION B'nei ISRAEL  
2200 YAMATO Road  
City BOCA RATON FL Zip Code 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Etta Gold*

*Heidi Estrin*

9/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  Delete  
NAME GOLD, ETTA D  
STREET ADDRESS 5950 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33156

TITLE D  Change  Addition  
NAME ESTRIN, HEIDI  
STREET ADDRESS 2200 YAMATO RD.  
CITY-ST-ZIP BOCA RATON, FL, 33431

TITLE VP  Delete  
NAME SCHWARZER, BARDA S  
STREET ADDRESS 5950 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33156

TITLE D  Change  Addition  
NAME VKE-PRESIDENT  
STREET ADDRESS GOLDSMITH, ANNETTE  
CITY-ST-ZIP 11826 SW 100 Terrace  
Miami, FL 33186

TITLE D  Delete  
NAME HOFFMAN, SANDY  
STREET ADDRESS 18801 2ND AVE NE  
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE D  Change  Addition  
NAME ARGOV SHARON  
STREET ADDRESS 1732 VESTAL WAY  
CITY-ST-ZIP CORAL SPRING, FL. 33071

TITLE D  Delete  
NAME WOLFE, SHIRLEY CA  
STREET ADDRESS 4200 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE D  Change  Addition  
NAME 700003514877--7  
STREET ADDRESS -12/27/00--01878--018  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D  Delete  
NAME EFRON, MURIEL  
STREET ADDRESS 10282 HERONWOOD LANE  
CITY-ST-ZIP W. PALM BEACH FL 33412

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Etta Gold*

9/7/00

305-667-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)