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94 JUN 21 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
NORTH BAY VILLAGE JEWISH CENTER, INC.

DOCUMENT #
715844 (7)

Mailing Address
7800 HISPANOLA AVENUE
NORTH BAY VILLAGE FL 33141

Principal Place of Business
7800 HISPANOLA AVENUE
NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/07/1969

3a. Date of Last Report
09/02/1993

4. FEI Number
59-6495515

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

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☒

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNIS, IRVING
2812 N. 46TH AVENUE
APT. G-667
HOLLYWOOD FL 33021

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D
12 NAME BUNIS, IRVING
13 STREET ADDRESS 2812 N. 46TH AVENUE G-667
14 CITY - ST - ZIP HOLLYWOOD FL 33021
21 TITLE V/D
22 NAME SCHONBERGER, PHILLIP
23 STREET ADDRESS 7537 ADVENTURE AVE.
24 CITY - ST - ZIP N BAY VILLAGE FL 33141
31 TITLE V/D
32 NAME KANDEL, HOWARD
33 STREET ADDRESS 7501 E. TREASURE DR.
34 CITY - ST - ZIP N BAY VILLAGE FL 33141
41 TITLE V/D
42 NAME LEIGHTON, IRVING
43 STREET ADDRESS 7821 E. DRIVE
44 CITY - ST - ZIP NORTH BAY VILLAGE FL 33141
51 TITLE S/D
52 NAME ROSENBERG, EUGENE
53 STREET ADDRESS 7501 E. TREASURE DRIVE
54 CITY - ST - ZIP NORTH BAY VILLAGE FL 33141
61 TITLE D
62 NAME BECKMAN, ANN
63 STREET ADDRESS 1550 N.E. 108TH ST.
64 CITY - ST - ZIP NORTH MIAMI BCH. FL 33162

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

JP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 319.07(1)(b), Florida Statutes. I declare the Division of Corporations from my liability for non-compliance with Section 319.07(1)(b) in this event. But the information supplied is derived except from public records. I further certify that the information contained 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. I have fulfilled all obligations required by law and properly prepared by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any other report with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

PHILLIP SCHONBERGER

5/27/94

Original Filed