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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28549 (6)

1. Corporation Name

CONGREGATION BETH DAVID

Principal Place of Business

Mailing Address

2625 SW THIRD AVE
MIAMI FL 33129
US2625 SW THIRD AVE
MIAMI FL 33129-2313
US3. Date Incorporated or Qualified
07/24/19173a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAUM, SYDNEY S.
201 ALHAMBRA CIRCLE
SUITE #1200
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GORDON, NORMA
STREET ADDRESS 3014 BRICKELL AVE
CITY - ST - ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME TRAUM, SYDNEY S.
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY - ST - ZIP CORAL GABLES FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME APPLEROUTH, STEUART L.
STREET ADDRESS 8290 SW 114TH ST
CITY - ST - ZIP MIAMI FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME APPLEROUTH, STEWART L.
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME BECK, HAROLD
STREET ADDRESS 700 CORAL WAY
CITY - ST - ZIP CORAL GABLES FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BADANES, SAMUEL
STREET ADDRESS 600 S.W. 21 ROAD
CITY - ST - ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME FALK, JOSEPH
STREET ADDRESS 1770 MICANOPY AVE
CITY - ST - ZIP MIAMI FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE:

SAM BADANES

DIRECTOR

Director

4/17/97

Daytime Phone #

CR2E037 (9/96)