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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 702083

(7)

1. Corporation Name

DAYTONA HEBREW ASSOCIATION

Principal Place of Business

Mailing Address

1400 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118

1400 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118-4830



3. Date Incorporated or Qualified
03/02/1961

3a. Date of Last Report
06/14/1996

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSSINSKY, ARTHUR M.
500 N OLEANDER AVENUE
DAYTONA BEACH FL 32118

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 CP/D
NAME DOLINER, JEROME
STREET ADDRESS 2920 N. PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CP/D
NAME DOLINER, CELEST
STREET ADDRESS 2920 N. PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PE/D
NAME COOK, ERVIN
STREET ADDRESS 3 BROOKSIDE COURT
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP/D
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
HARVEY MORSE

STREET ADDRESS 42 MARIE DRIVE
CITY-ST-ZIP PONCE INLET FL

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T/D
NAME KAHN, SYLVIA
STREET ADDRESS 124 LONGSPUR
CITY-ST-ZIP DAYTONA BCH FL 32119

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S/D
NAME RIGER, HELEN
STREET ADDRESS 89 FAIRWAY DRIVE
CITY-ST-ZIP ORMOND BEACH FL

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA KAHN

1/24/97

252-3097

CR2E037 (9/96)