

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1400 S. PENINSULA DRIVE DAYTONA BEACH FL 32118 | Mailing Address 1400 S. PENINSULA DRIVE DAYTONA BEACH FL 32118 |
|--|--|

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|--|
| 3. Date Incorporated or Qualified 03/02/1961 |
| 4. FEI Number 59-0836550 |
| Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | CPD <input checked="" type="checkbox"/> DELETE |
| NAME | DOLINER, JEROME |
| STREET ADDRESS | 2920 N. PENINSULA DR. |
| CITY-ST-ZIP | DAYTONA BEACH FL |
| TITLE | CPD <input checked="" type="checkbox"/> DELETE |
| NAME | DOLINER, CELESTS |
| STREET ADDRESS | 2920 N. PENINSULA DR. |
| CITY-ST-ZIP | DAYTONA BEACH FL |
| TITLE | PED <input type="checkbox"/> DELETE |
| NAME | COOK, IRVING |
| STREET ADDRESS | 3 BROOKSIDE COURT |
| CITY-ST-ZIP | ORMOND BEACH FL |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | MORSE, HARVEY |
| STREET ADDRESS | 42 MARIE DRIVE |
| CITY-ST-ZIP | PONCE INLET FL |
| TITLE | T/D <input type="checkbox"/> DELETE |
| NAME | KAHN, SYLVIA |
| STREET ADDRESS | 124 LONGSPUR |
| CITY-ST-ZIP | DAYTONA BCH FL 32119 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | RIGER, HELEN |
| STREET ADDRESS | 89 FAIRWAY DRIVE |
| CITY-ST-ZIP | ORMOND BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | President-D |
| 3.3 STREET ADDRESS | Cook, Irving |
| 3.4 CITY-ST-ZIP | 3 Brookside Court |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Pres Elect-D |
| 4.3 STREET ADDRESS | Morse, Harvey |
| 4.4 CITY-ST-ZIP | 42 Marie Drive |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Vice-Pres-D |
| 5.3 STREET ADDRESS | Selis, Scott |
| 5.4 CITY-ST-ZIP | 137 Shady Branch Trail |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Secretary-D |
| 6.3 STREET ADDRESS | Gersh, Sandra |
| 6.4 CITY-ST-ZIP | 1209 Northside Drive |
| | Ormond Beach, FL |

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.

SIGNATURE: Sylvia Kahn, Treas. SYLVIA KAHN 3/4/98 252-3097

CR2E037 (10/97)