


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90183 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # 702083 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																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/02/1961 4. FEI Number 59-0836550 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
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 Marshall H. Barkin 82 Street Address (P.O. Box Number is Not Acceptable) 149-P S. Ridgewood Ave. 83 Ste. 710 84 City Daytona Beach FL 85 Zip Code 32114 US																																																																																																																																																		
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 <i>[Signature]</i> 3-4-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
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OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VPD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SELIG, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>137 SHADY BRANCH TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COOK, IRVING</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3 BROOKSIDE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MORSE, HARVEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>42 MARIE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONCE INLET FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T/D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KAHN, SYLVIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>124 LONGSPUR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BCH FL 32119</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GERSH, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1209 NORTHSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VPD	<input checked="" type="checkbox"/> DELETE	NAME	SELIG, SCOTT		STREET ADDRESS	137 SHADY BRANCH TRAIL		CITY-ST-ZIP	ORMOND BEACH FL		TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	COOK, IRVING		STREET ADDRESS	3 BROOKSIDE COURT		CITY-ST-ZIP	ORMOND BEACH FL		TITLE	PD	<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	GERSH, SANDRA		STREET ADDRESS	1209 NORTHSIDE DRIVE		CITY-ST-ZIP	ORMOND BEACH FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. 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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, with all other like empowered.

SIGNATURE: *[Signature]* **2/22/99** **904-252-3097**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #