## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

708337

(1)

TEMPLE BETH TOV, AHAVAT SHALOM, INC.

Principal Place of Business  -6438 SW 8TH ST. Po Box 440 >24 WEST MIAMI FL 33144		Mailing Address Checker 6438 SW ETH ST. PO Box 440>26 WEST MIAMI FL 331444814			T 1891); I 1981); SSEAL SELAL SOURS (INDO CITIE 1981 BIRN) BIRN SIRIL BIRN CIRC GLOCK CIRC (IND)				
						3. Date Incorporated or Qualified 01/12/1965	3a. Date	of Last 7/24/1	
2. Principal P	lace of Business	2a. Mailing Address	¬ •			4. FEI Number Applied For Not Applied For Not Applied For			
Suite, Apt. #, etc. Suite, Apt. #, etc.						00 2220000			Not Applicable
22		27			5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required			
City & Stat	е	City & State				6. Election Campaign Financing	••••	\$5.0	May Be
23		28				Trust Fund Contribution			d to Fees
Ζιρ	Country	Zip	Cor	intry		8. This corporation has liability for in			r s. 199.032,
24				Ţ			Yes 🗌		
	9. Name and Address of Curren	i Hegistered Agent		B1	Nimer	10. Name and Address of New Reg	istered A	gent	
				וים	Name				
WISTOSKY, PAUL				82	Street Address (P.O. Box Number is Not Acceptable)				
	V 107 AVE.			<b>B3</b>				· · · · · · · · · · · · · · · · · · ·	
#310	1 00470	ì		"					
MIAMI F	L 331/3	/		84	City		FL	<b>85</b> Zi	p Code
11. Pursuant	to the provisions of Sections 617,050	and 617.1508, Florida Statu	ites, the a	pove	e-named corp	poration submits this statement for the pr		hanging	its registered
office or r agent. I a	registered/agent, or both, in the State im familiar with, and accept the obliga	of Florida/Suak change was itions of Section 617.0603. F	authorize Iorida Stai	d by tutes	the corporati	poration submits this statement for the pi ion's board of directors. I hereby accep	t the appoi	ntment	as registered
SIGNATURE	110011 11/1	Jalo 4							
	Signature, typita or printed name of registered ager		<del></del>	d Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		<del> </del>	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD MOOTORY DALK	☐ DELETE	1.1 1				ι	Chang	e Addition
NAME	WISOTSKY, PAUL		1.2 N						
STREET ADDRESS	8035 SW 107TH AVE. #310				ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33173 VD	☐ DELETE	1.4 C 2.1 Ti	TY-S	T- ZIP			Chang	e Addition
NAME	KLEIN, GEORGE	<u> </u>	2.3 N					-1 CIMIN	s El Addition
STREET ADDRESS	13953 SW 66 ST.				ADDRESS				
CITY - ST - ZIP	MIAMI FL 33183				ST-ZIP				
TITLE	VD	DELETE	3.1 TI		., L11		ſ	Chang	e Addition
HAME	KOCH, LEONARD		3.2 N	AME			-		
STREET ADDRESS	6406 SW 10 TERR.		3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		3.4. C	ITY-S	ST-ZIP				
TITLE	VD	DELETE	4.1 Ti	TLE				Chang	e 🔲 Addition
NAME	SOOTIN, HARVEY		4.2 N	IAME					
STREET ADDRESS	8901 S.W. 21 TERRACE		4.3 S	REET	ADDRESS				
CITY - \$1 - ZIP	MIAMI FL		4.4 C		T-21P				
TITLE	SD	☐ DELETE	5.1 Ti				Ĺ	Chang	e 🔲 Addition
NAME	KORBRITZ, DOROTHY		5.2 N						
STREET ADDRESS	5802 CORAL WAY				ADDRESS				
CITY - \$1 - ZIP	MIAMI FL	☐ DELETE	5.4 C		T-ZIP			Chang	a Daddin
TITLE	TD SLOAN BADBADA		6.1 TI				L	unang	e 🔲 Addition
NAME CTOCKY ADDRESS	SLOAN, BARBARA 8510 S.W. 20 ST.		6.2 N		- Dogge				
STREET ADDRESS	0010 0.44. 20 01.		6.3 \$1	HEET	ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify to 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 objects.

**FILED** 

Mar 06 1997 8:00am

Secretary of State