

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # **709081** (4)

1. Corporation Name

KNESETH ISRAEL CONGREGATION OF MIAMI BEACH, FLORIDA

Principal Place of Business

Mailing Address

**1020 MERIDIAN AVENUE
#706
MIAMI BEACH FL 33139**

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#706
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
06/02/1965

3a. Date of Last Report
06/20/1995

2. Principal Place of Business
21 1445 Euclid Ave.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
MIAMI BEACH, FLORIDA

28 City & State

24 Zip
33139

25 Country
USA

29 Zip
30 Country

4. FEI Number
59-0839557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FURST, ALBERT
1020 MERIDIAN AVE
#706
MIAMI BEACH FL 33139**

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

Albert Furst
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

6/10/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **GOLD, AARON**
CITY-ST-ZIP **1400 PENNSYLVANIA AVE #54
MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BIANCO, D.**
CITY-ST-ZIP **800 WEST AVE
MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **SEIF, CANTOR ABRAHAM**
CITY-ST-ZIP **1339 FLAMINGO WAY
MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FURST, ALBERT**
CITY-ST-ZIP **1020 MERIDIAN AVE #706
MIAMI BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **STEINBERG, SAM**
CITY-ST-ZIP **1420 PENNSYLVANIA AVE
MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **JACKNIS, (MRS.) GERTRUDE**
CITY-ST-ZIP **1100-11TH ST #403
MIAMI BEACH FL**

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Albert Furst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (85) 538-2741
Date Daytime Phone #

CR2E037 (3/96)