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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: NORTH BAY VILLAGE JEWISH CENTER, INC.

DOCUMENT # 715844 (7)

Mailing Address: 7800 HISPANOLA AVENUE, NORTH BAY VILLAGE FL 33141

Principal Place of Business: 7800 HISPANOLA AVENUE, NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 01/07/1969
3a. Date of Last Report: 09/02/1993

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

4. FEI Number: 59-6495515 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☒

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
BUNIS, IRVING 2812 N. 46TH AVENUE APT. G-667 HOLLYWOOD FL 33021	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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

	12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE	P/D	1 1 TITLE	
1 2 NAME	BUNIS, IRVING	1 2 NAME	
1 3 STREET ADDRESS	2812 N. 46TH AVENUE G-667	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	HOLLYWOOD FL 33021	1 4 CITY-ST-ZIP	
2 1 TITLE	V/D	2 1 TITLE	
2 2 NAME	SCHONBERGER, PHILLIP	2 2 NAME	
2 3 STREET ADDRESS	7537 ADVENTURE AVE.	2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	N BAY VILLAGE FL 33141	2 4 CITY-ST-ZIP	
3 1 TITLE	V/D	3 1 TITLE	
3 2 NAME	KANDEL, HOWARD	3 2 NAME	
3 3 STREET ADDRESS	7501 E. TREASURE DR.	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	N BAY VILLAGE FL 33141	3 4 CITY-ST-ZIP	
4 1 TITLE	T/D	4 1 TITLE	
4 2 NAME	LEIGHTON, IRVING	4 2 NAME	
4 3 STREET ADDRESS	7921 E. DRIVE	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	4 4 CITY-ST-ZIP	
5 1 TITLE	S/D	5 1 TITLE	
5 2 NAME	ROSENBERG, EUGENE	5 2 NAME	
5 3 STREET ADDRESS	7501 E. TREASURE DRIVE	5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	5 4 CITY-ST-ZIP	
6 1 TITLE	D	6 1 TITLE	
6 2 NAME	BECKMAN, ANN	6 2 NAME	
6 3 STREET ADDRESS	1550 N.E. 168TH ST.	6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	NORTH MIAMI BCH. FL 33162	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 release the Division of Corporations from any liability for non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations regarding unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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] PHILLIP SCHOENBERGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/94
Date

Daytime Phone #