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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 718825 (3)

1. Corporation Name

BETH YOSEPH CHAIM CONGREGATION, INC.

Principal Place of Business

Mailing Address

843 MERIDIAN AVE
MIAMI BEACH FL 33139-5717

843 MERIDIAN AVE
MIAMI BEACH FL 33139-5717

3. Date Incorporated or Qualified 07/10/1970
3a. Date of Last Report 06/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, ROBERT M., P.A.
5821 HOLLYWOOD BLVD.
SUITE 200
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROZENCWAIG, DOW
STREET ADDRESS 843 MERIDIAN AVE
CITY-ST-ZIP MIAMI BEACH FL 33139-5717

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

TITLE VD
NAME ROZENCWAIG, ANNA
STREET ADDRESS 843 MERIDIAN AVE
CITY-ST-ZIP MIAMI BEACH FL 33139-5717

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

TITLE SD
NAME HERMAN, JUDITH
STREET ADDRESS 843 MERIDIAN AVE
CITY-ST-ZIP MIAMI BEACH FL 33139-5717

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

TITLE TD
NAME SHAPIRO, REBECCA
STREET ADDRESS 843 MERIDIAN AVE
CITY-ST-ZIP MIAMI BEACH FL 33139-5717

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH HERMAN

4/9/97

(954) 989-8000

Date

Daytime Phone # 0027344

CR2E037 (9/96)