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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

718825

(3)

BETH YOSEPH CHAIM CONGREGATION, INC.

Principal Place of Business Mailing Address												I BIII DABA DI	ZII QIBII UIBII DI	IEII QUQUI (QBI	
843 MERIDIAN AVE 843 MERIDIAN AVE MIAMI BEACH FL 33139-5717 MIAMI BEACH FL 33139-5717							717			3.	Date Incorporated or Qualified				
The second secon											07/10/1970 FEI Number		1 14.	1 1	
										"	59-1619321		<b>⊢</b>	pplied For ot Applicable	
2.	Principal P	lace of Busin	ness	2e. Mailing Address				<del></del>		<b></b>			Additional		
21	<del></del>				26				5.	Certificate of Status Desired	$\Box$ .		equired		
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				6.	Election Campaign Financing		\$5.00			
22					27					Trust Fund Contribution		Added to			
_	City & State				City & State			7.	7- Is this nonprofit corporation a homeowners association?						
23	Zip Country				Zip Country					☐ Yes 🔀 No					
	Ζip	· — ·			<del></del>			umy			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24 25 29 9. Name and Address of Current Registered Agent						nt	1301				Name and Address of New R			<u> </u>	
A traine area to a design trafficación talant									Name						
HERMAN, ROBERT M., P.A.							_	82 Street Add			O Day North In Not Assent	- h-1 - \			
5821 HOLLYWOOD BLVD.							8	2	Street Add	aaress (P.	O. Box Number is Not Accepta	(Die)		1	
SUITE 200								3				_			
		00D FL 33	3021				8	4	City				85 Zip	Code	
								-	-			FL			
11.	Pursuant for respect to a second to a	to the provis egistered ag	ions of Section ent, or both, in	s 617.0502 at the State of I	nd 617,1508, F Florida, Such c	lorida Statute hange was a	es, the abo authorized l	by	named cou the corpora	orporation oration's be	n submits this statement for the oard of directors. I hereby acce	purpose o	of changing it pointment as	ts registered registered	
	3NATURE _	(1) 1 <b>(2)</b> (1) (C) (Y)	in, and accept	u io congation	ris or, decitori c	317.00 <b>00</b> , 110	Alda Olaloi	05.							
Sit	MATURE _	Signature, typed	or printed name of r	egistered agent an	nd litte if applicable.	(NOTI	Registered A	gen	t signature requ	quired when r	reinstating)	DATE			
12. OFFICERS AND DIRECTORS							13.	13.			DDITIONS/CHANGES TO OFF	CERS AN			
TITL	.E	PD			L	DELETE	1.1 TITLE						Change	Addition	
			WAIG, DOW				1.2 NAMI	-							
l -			NDIAN AVE				1.3 STREET ADDRES		ADDRESS						
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ÑAA	ı		I, JU <b>DI</b> TH	☐ DELETE			3.2 NAME								
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	r-ST-ZIP		EACH FL 331	39-5717			3.4. CITY		- 1						
TITL		TD				DELETE	4.1 TITLE			•			Change	Addition	
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STREET ADDRESS 843 MERIDIAN A			IDIAN AVE				4.3 STRE	ET A	DDRESS			•			
			EACH FL 331	_ 33139-5717			4.4 CiTY-ST-ZIP		- ZIP						
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ÇITY	(-ST-ZIP					1	5.4 CITY-	ST-	- ZIP						
TITL	E					DELETE	6.1 TITLE						Change	Addition	
NAN	f						6.2 NAME								
-	EET ADDRESS						6.3 STREE	ET AI	DDRESS						
	/-ST-ZIP	ertifu that the	information o	innlied with t	his filing doss :	not quelify fo	6.4 CITY-			in Section	119 07(3)(i) Florida Statutes	Lfurther	artific that the	Information	

• I nelect certain that the information supplied with this fining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

head Herman

1/22/98

(954) 989-8000

**FILED** 

Feb 05 1998 8:00am

Secretary of State