FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name 724704 (2)

R'NALISBAFI	ጲ	GREATER	MIAMI	YOUTH	SYNAGOGUE	INC
D MAI IOHALL	u	UILALLI	TANL/MAIL	100111	UTITAUUUL	IIIV

DRAIT	STIACE & GITEATETT WILATE	ii 100111 31NAGOGOL	. 1110					
Principal Place	of Business	Mailing Address				-	DIDI OTOH DIBIR DIBIR ENE]
P.O. BOX 161542 MIAMI FL 33116		P.O. BOX 161542 MIAMI FL 33116						
						3. Date Incorporated or Qualified 10/31/1972	3a. Date of Last 01/27/1	
— ·	ace of Business	2a. Mailing Address				4. FEI Number 59-1420426		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				39-1420420		Not Applicable Additional
22	,, 6.0.	27				5. Certificate of Status Desired		Required
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in		. 199.032,
24	9. Name and Address of Curre	29	30	T		Florida Statutes L 10. Name and Address of New Re	Yes No	
	g. Name and Address of Cure	nit negistered Agent		81	Name	10. Name and Address of New Ne	gistered Agent	
GOLD Y	AARTIN			Ш		ss (P.O. Box Number is Not Acceptable		
GOLD, MARTIN 8625 SOUTHWEST 44TH STREET				82	Street Addres	SS (F.O. BOX Null liber is NOt Acceptable		
MIAMI F	L 33155			83				
				84	City		FI 85 Z	p Code
11 Pursuant t	a the provisions of Sections 617.050	22 and 617 1508 Florida Statute	s the abo	IVA-r	named corporat	tion submits this statement for the purp		registered office
or register	ed agent, or both, in the State of Fio h, and accept the obligations of, Sec	rida. Such change was authorize	ed by the d	corpo	oration's board	of directors. I hereby accept the appo	intment as registered	agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if agricable (NO)	F: Annistored	Anen	t signature required v	akuri ra netahari	DATE	
12.		ND DIRECTORS	13.	. vPo.	c arginator a requirece i	ADDITIONS/CHANGES TO OFF		DRS IN 12
TITLE	PD	DELETE	11TI	TLE			☐ Change	☐ Addition
NAME	FOX, DR. M. S.		1.2 N	AME				
STREET ADDRESS	235 SOLANO PRADO		1351	TREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL	The state	140	_	T-ZIP			
TIFLE	VD	DELETE	211				☐ Change	☐ Addition
NAME	URLICH,SYLVIA 2500 SW 75TH AVE		22 N		0000000			
STREET ADDRESS	MIAMI BEACH FL				ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE	VD	DELETE	3 1 TI		51-2IF		Change	Addition
NAME	GOLD, LAWRENCE	_	32 N				,	_
STREET ADDRESS	3501 SW 117 COURT		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		3 4. 0	ITY-S	ST-ZIP			
TITLE	TD	DELETE	4.1 TI	TLE			Change	☐ Addition
NAME	GOLD, MARTIN		4. 2 N	IAME				
STREET ADDRESS	8625 SW 44 ST.		4.3 S	TREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL				1 - Z)P		Change	- Addition
TITLE	S COLD DEDECA	DELETE	511				☐ Change	☐ Addition
NAME STREET ADDRESS	GOLD, REBECA 8625 SW 44 STREET		5.2 N		ADDRESS			
	MIAMI FL		5.4 C					
CITY-ST-ZIP TITLE	WINTWIN L L	DELETE	6.1 11		1 611		Change	Addition
NAME		_	6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					T-ZIP			
14. I do hereb	y certify that the information supplied	d with this filing is voluntarily furni	shed and	does	s not qualify for	r the exemption stated in Section 119.0 and that my signature shall have the s	7(3)(k), Florida Statu same legal effect as i	tes. I further f made under

certify that the information indicated on this annual report of 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 truete 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.

Daytinie Phone #