FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

724704

(2)

B'NAI ISRAEL & GREATER MIAMI YOUTH SYNAGOGUE INC

		·						DU BIB'I BIBU IBU
Principal Place of Business Mailing Address							illi billir bibbi bibli di	DEL BUDGE ANDOLOUS
P.O. BOX 161542 P.O. BOX 161542 MIAMI FL 33116 MIAMI FL 33116-1542								
						3. Date incorporated or Qualified 10/31/1972	3a. Date of La 04/05/	
_	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	# ala	26				59-1420426		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
Zip Country		28			Trust Fund Contribution Added to Fees			
24	25	Ζιρ 29	Country			8. This corporation has liability for i	ntangible tax und Yes	er s. 199.032,
24	9. Name and Address of Curre		<u> </u>			Florida Statutes 10. Name and Address of New Re		
			81	Na	me	(2) (3)	3.00.00 A 30/A	
GOLD, MARTIN								
	OUTHWEST 44TH STREET		82	Stre	et Addres	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155			83			***************************************		
			84	City	ī		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 a	gent and little if applicable. (NOTE: F	Registered Age	ent sian	ature required	when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PD	DELETE	1.1 TITLE				☐ Char	
NAME	FOX, DR. M. S.		1.2 NAME					
STREET ADDRESS	235 SOLANO PRADO	1.3 ST		ADDRE	SS			
CITY-ST-ZIP	CORAL GABLES FL			T-ZIP				
TITLE	VD	DELETE 2.1 TI					Char	nge 🔲 Addition
NAME	URLICH, SYLVIA		2.2 NAME	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		SS			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-5	ST-21P				
TITLE	VD	DELETE 3.1 T					☐ Char	nge
NAME	GOLD, LAWRENCE	3.2 N						
STREET ADDRESS	3501 SW 117 COURT			ADDRE	SS			
CITY-ST-ZIP	MIAMI FL	T per ere	3.4. CITY - 5	ST-ZIP				
TITLE	TD MADTIN	DELETE	4.1 TITLE		1		L Char	nge 🔲 Addition
NAME	GOLD, MARTIN		4.2 NAME					
STREET ADDRESS	8625 SW 44 ST.		4.3 STREET ADDRES		SS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CITY-S	T-ZIP			[] Ob.	4.4400
TITLE	S DEPENA	□ nereit	5.1 TITLE				☐ Char	nge Addition
NAME	GOLD, REBECA		5.2 NAME					
STREET ADDRESS	8625 SW 44 STREET		5.3 STREET		SS			
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP			☐ Char	nge
NAME			1				L Chai	iño 🖂 vocinoti
STREET ADDRESS			6.2 NAME	ADDOS				
			6.3 STREET		33	•		
CITY-ST-ZIP			6.4 CITY-S	T-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: __

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Daytime Phone # 0028 (I

FILED

Feb 07 1997 8:00am

Secretary of State

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