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

POCUMENT #

724704

(2)

B'NAI ISRAEL & GREATER MIAMI YOUTH SYNAGOGUE INC

Principal Place of Business Mailing Address			 - · · · · · · · · · · · · · · · · ·	T CORTES SABIR SIRES OF STREET RESIDENT AND STREET	HEID BARDI BARDI DARAN BIRAH INDI
P.O. BOX 161542		P.O. BOX 161542		3. Date Incorporated or Qualified	****
MIAMI FL 33116		MIAMI FL 33116		10/31/1972	
				4. FEI Number	Applied For
				59-1420426	Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		☐ Yes	□ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
			81 Name		
GOLD, MARTIN			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
8625 SOUTHWEST 44TH STREET			63		
MIAMI FL 33155					·
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute:	s, the above-named of	corporation submits this statement for the purpose	of changing its registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida, Such change was au gations of, Section 617.0503, Flor	ithorized by the corp ida Statutes.	oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	•	•			
	Signature, typed or printed name of registered a		Registered Agent signature		D DIDECTORO IVIAO
12.	PD OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	FOX, DR. M. S.	otterit	1.2 NAME		
STREET ADDRESS	235 SOLANO PRADO		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	URLICH, SYLVIA		2.2 NAME		
STREET ADDRESS	2500 SW 75TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	GOLD, LAWRENCE		3.2 NAME		
STREET ADDRESS	3501 SW 117 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL TD	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	GOLD, MARTIN		4. 2 NAME		
STREET ADDRESS	8625 SW 44 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	•	4.4 CITY-ST-ZIP		
TITLE	\$	DELETE	5.1 TITLE		Change Addition
NAME	GOLD, REBECA		5.2 NÄME		
STREET ADDRESS	8625 SW 44 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

14. I 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 cath, 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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3/2/98

305-843-1356

FILED

Mar 09 1998 8:00am

Secretary of State