

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728694 (1)

1. Corporation Name

WEST AVENUE JEWISH CENTER, INC.



Principal Place of Business

Mailing Address

1666 79TH STREET CAUSEWAY
SUITE 608
MIAMI BEACH FL 33141
US

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SUITE 608
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified
01/31/1974

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1738059

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIL, MURRAY B JR.
1666 79TH STREET CAUSEWAY
SUITE 608
MIAMI BEACH FL 33141**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D GOLOWINSKI, DAVID**

1.2 NAME

STREET ADDRESS **2929 N BAY ROAD**

1.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI BEACH FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D ITZKOWITZ, JOSEPH**

2.2 NAME

STREET ADDRESS **52 GARETTA ST. #312B**

2.3 STREET ADDRESS

CITY-ST-ZIP **PITTSBURGH PA**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D KLEIN, FAYE**

3.2 NAME

STREET ADDRESS **1030 9TH ST**

3.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI BEACH FL**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **P ARON, JOSEPH**

4.2 NAME

STREET ADDRESS **1200 WEST AVENUE**

4.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI FL**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **VP KAPLAN, ESTER**

5.2 NAME

STREET ADDRESS **1100 WEST AVENUE**

5.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI BEACH 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

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/19/96
Date

305-534-3444
Daytime Phone #

CR2E037 (12/95)