

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:12

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **729516** (5)

1. Corporation Name
CONGREGATION OF BETH EL

Principal Place of Business Mailing Address
2815 N. FLAGLER DR.
W PALM BEACH FL 33407
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/01/1974** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-6045467** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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

ROSS, MICHAEL
6 FIRESTONE CIR
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **ROSS, MICHAEL**
STREET ADDRESS **6 FIRESTONE CIR**
CITY - ST - ZIP **WEST PALM BEACH FL**
TITLE VD
NAME **SCHRAM, RON**
STREET ADDRESS **1420 N OCEAN BLVD**
CITY - ST - ZIP **PALM BEACH FL**
TITLE VD
NAME **JACOBSON, MICHAEL**
STREET ADDRESS **12841 MEADOW BEND DR**
CITY - ST - ZIP **WELLINGTON FL**
TITLE TD
NAME **LECKER, MAURICE**
STREET ADDRESS **2724 STARWOOD CIR**
CITY - ST - ZIP **WEST PALM BCH FL**
TITLE D
NAME **LITKY, MARVIN**
STREET ADDRESS **2816 NORTH FLAGLER DR**
CITY - ST - ZIP **W, PALM BCH FL**
TITLE DV
NAME **SCHWARTZ, DAVID**
STREET ADDRESS **2889 STARWOOD CT.**
CITY - ST - ZIP **WEST PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **VB** Change Addition
1.2 NAME **Esther Barrish**
1.3 STREET ADDRESS **1807 Embassy Dr**
1.4 CITY - ST - ZIP **West Palm Beach Fla 33401**
2.1 TITLE **VB** Change Addition
2.2 NAME **Gail Panzer**
2.3 STREET ADDRESS **204 Ayala Road**
2.4 CITY - ST - ZIP **West Palm Beach, Fla 33405**
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE **VB** Change Addition
4.2 NAME **Margie Komberg**
4.3 STREET ADDRESS **180 S Thornston Drive**
4.4 CITY - ST - ZIP **Palm Beach Gardens Fla 33418**
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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(2)(b), 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:

Michael Jacobson
MICHAEL JACOBSON
MICHAEL JACOBSON

5/24/95

(System Printed)