

**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 # **729516** (5)  
1. Corporation Name  
**CONGREGATION OF BETH EL**



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

3. Date Incorporated or Qualified: **05/01/1974**  
3a. Date of Last Report: **05/30/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-6045467	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			30			No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSS, MICHAEL</b> <b>6 FIRESTONE CIR</b> <b>WEST PALM BEACH FL 33401</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	VD <del>DELETED</del>	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRISH, ESTHER	1.2 NAME	Brass Debby
STREET ADDRESS	1807 EMBASSO DR	1.3 STREET ADDRESS	3131 Embassy Dr.
CITY-ST-ZIP	WEST PALM EBACH FL	1.4 CITY-ST-ZIP	West Palm Beach, Fla. 33401
TITLE	VD <del>DELETED</del>	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISNER, FALL	2.2 NAME	RUKIN, Roger
STREET ADDRESS	204 AVILA RD	2.3 STREET ADDRESS	1423 Keller Rd.
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, Fla 33406
TITLE	VD <input type="checkbox"/> DELETED	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MICHAEL	3.2 NAME	Jacobson Michael
STREET ADDRESS	12841 MEADOW BEND DR	3.3 STREET ADDRESS	2110 Chamel Circle
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	West Palm Beach, Fla. 33409
TITLE	VD <del>DELETED</del>	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOMPBERG, MARGIE	4.2 NAME	Lecker Maurice
STREET ADDRESS	180 THORTON DR	4.3 STREET ADDRESS	2724 Starwood Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	West Palm Beach Fla. 33406
TITLE	D <del>DELETED</del>	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTKY, MARVIN	5.2 NAME	DUNKEL GARY
STREET ADDRESS	2816 NORTH FLAGLER DR	5.3 STREET ADDRESS	262 Cordova Rd
CITY-ST-ZIP	W. PALM BCH FL	5.4 CITY-ST-ZIP	West Palm Beach, Fla. 33401
TITLE	DV <input type="checkbox"/> DELETED	6.1 TITLE	
NAME	SCHWARTZ, DAVID	6.2 NAME	
STREET ADDRESS	2689 STARWOOD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* Roger Rukin 5/9/96 Date

CR2E037 (12/95)