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Sep 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33407-5215 US

3. Date incorporated or Qualified: 05/01/1974
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-6045467
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ROSS, MICHAEL
6 FIRESTONE CIR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRASS, DEBBY	
STREET ADDRESS	3131 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUKIN, ROGER	
STREET ADDRESS	1423 KELLER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JACOBSON, MICHAEL	
STREET ADDRESS	2110 CHAGALI CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LECKER, MAURICE	
STREET ADDRESS	2724 STARWOOD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUNKEL, GARY	
STREET ADDRESS	282 CORDOVA RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
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	Vice President WAYS: means	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Toni Meter	
1.3 STREET ADDRESS	2805 Foxhall Drive East	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
2.1 TITLE	Vice President Youth Education	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dr Margu Bash	
2.3 STREET ADDRESS	10070 Daphne Avenue	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur Guttenplan	
3.3 STREET ADDRESS	8761 Village Blvd #105	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
4.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Glen A Jacobson	
4.3 STREET ADDRESS	127 Eggleston Court	
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33411	
5.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dana Scott	
5.3 STREET ADDRESS	2817 N Flagler Dr	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE 9-9-97

CR2E037 (9/96)