

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 729516 (5)

1. Corporation Name
CONGREGATION OF BETH EL



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| Principal Place of Business 2615 N. FLAGLER DR. W PALM BEACH FL 33407 US | Mailing Address 2615 N. FLAGLER DR. W PALM BEACH FL 33407 US |
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3. Date Incorporated or Qualified
05/01/1974

4. FEI Number
59-6045467

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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|--|--|
| 21. Principal Place of Business 2815 N. FLAGLER DR | 2a. Mailing Address 2815 N. FLAGLER DR |
| 22. Suite, Apt. #, etc. N/A | 27. Suite, Apt. #, etc. N/A |
| 23. City & State W. PALM BEACH FL | 28. City & State W. PALM BEACH FL |
| 24. Zip 33407 | 29. Zip 33407 |
| 25. Country U.S. | 30. Country UNITED STATES |

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No **EXEMPT**

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

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|---|
| 81 Name ART GUTTENPLAN |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2761 VILLAGE BLVD # 105 |
| 83 W. PALM BEACH, FL. |
| 84 City WEST PALM BEACH FL |
| 85 Zip Code 33409 |

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 *Art Guttenplan* **ART GUTTENPLAN** **3-10-98**
Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRASS, DEBBY 3131 EMBASSY DR WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RUKIN, ROGER 1423 KELLER ROAD WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JACOBSON, MICHAEL 2110 CHAGALI CIRCLE WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MEYER, TONI 2825 FOXHALL DR E WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GUTTENPLAN, ARTHUR 2761 VILLAGE BLVD #105 WEST PALM BCH FL <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED SCOTT, DANA 2617 N FLAGLER DR WEST PALM BCH FL <input checked="" type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

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|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P PHYLLIS PENNER 7726 SO. FLAGLER DR WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | S ESTHER BARRISH 1807 EMBASSY DR. #102 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | VD LOUIS SILBER 236 SO. WORTH CT. WEST PALM BEACH, FL. 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | VD AVIVA GORFINE 444 SEABREEZE DR. PALM BEACH, FL. 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | VD ALLEN ZWICKEL 8587 TOURMALINE BLVD BOYNTON BEACH, FL. 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | VP J. GEORGE HERMAN 500 OCEAN TRAIL WAY #301 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: *Phyllis Penner* **PHYLLIS PENNER** **3/10/98** **833-0339**

CR2E037 (10/97)