


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90097 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 729516 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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	05/01/1974
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-6045467
24. Country	29. Country	Applied For
	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUTTENPLAN, ART 2761 VILLAGE BLVD SUITE 105 WEST PALM BEACH FL 33409	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENNER, PHYLLIS D	1.2 NAME	(P/C)
STREET ADDRESS	7726 S FLAGLER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRISH, ESTHER	2.2 NAME	RAMDELL, RICHARD D
STREET ADDRESS	1807 EMBASSY DR, #102	2.3 STREET ADDRESS	1186 NO. OCEAN WAY
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLER, LOUIS	3.2 NAME	VP
STREET ADDRESS	236 S WORTH CT	3.3 STREET ADDRESS	BARKER, GERAUD K. D
CITY-ST-ZIP	WEST PALM BEACH FL 33405	3.4 CITY-ST-ZIP	272 SOUTHLAND RD
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINE, AVIVA	4.2 NAME	VP
STREET ADDRESS	444 SEABREEZE DR	4.3 STREET ADDRESS	STOCH, LINDA D
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	104 VINTAGE ISLE LA
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWICKEL, ALLEN	5.2 NAME	T
STREET ADDRESS	8587 TOURMALINE BLVD	5.3 STREET ADDRESS	GUTTENPLAN, ART D
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	2761 VILLAGE BLVD
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, J GEORGE	6.2 NAME	(S)
STREET ADDRESS	500 OCEAN TRL WAY, #301	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 3/5/99 Daytime Phone #: 833-0339

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