FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



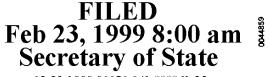
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731799

TEMPLE BETH ISRAEL AT CENTURY VILLAGE EAST, INC.



02-23-1999 90070 041 ****61.25

Principal Plac	Mailing Address						*		
200 CENTURY BLVD. 200 CENTURY BLVD								3131 1181 5 181 118	il 618 11 1534
DEERFIELD B		DEERFIELD BEACH FL 334	42						
US US							1 188131 18888 11181 11811 18818 (E118 1811 AIR		
								•	
2. Principal 6	Place of Business	2a. Mailing Address			***		3. Date Incorporated or Qualifed		
	Tace of Duskiess	26					02/05/1975		,
Suite, Apt.	# etc		Suite, Apt. #, etc.				4. FEI Number	Apr	olied For
22	, 0.0.	27					23-7449719	Not	Applicable
City & Sta	te	City & State				5. Certificate of Status Desired	\$8.75 A	dditional	
23		28				5. Certificate of Status Desired	Fee Red	quired	
Zip	Country	Zip					6. Election Campaign Financing \$5.00 May Be		
24	25	29 30					Trust Fund Contribution Added to Fees		Fees
	9. Name and Address of Current	t Registered Agent					10. Name and Address of New Register	ed Agent	
		-		81	Name				
KNOPFMACHER, ARTHUR				82	Street A	treet Address (P.O. Box Number is Not Acceptable)			
8784 NW 19TH ST					and the second s				
	PRGS FL 33071								,
CONALS	1 100 1 E 3007 1			84	City			85 Zip C	ode
				04	City		· F	:L 65 25	,000
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the a	bove	-named	corpor	ation submits this statement for the purpose	of changing its	registered
l office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was at	utnonzec	ı by	the corpo	ration'	's board of directors. I hereby accept the ap	pointment as reg	Jistered
_		ions of, Decilott of F. 5550, Flor	iou oluli				•		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	Agen	t signature re	equired w	when reinstating) DATE		
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICERS		_
TITLE	PD DELETE		1.1 TF	īLΕ	180			Change	☐ Addition
NAME	QUITMAN, PAUL 1.		1.2 NA	12 NAME		E1	ELDS, CHARLES 60 AZQLEA CT # 103	V	
STREET ADDRESS			1.3 STR		ADDRESS \$760		60 AZQLEA CT # 103		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		1,4 C		ITY-ST-ZIP 7		MARAC, FL 3332/		
TITLE	VP	☐ DELETE	2.1 TITL		4	2 11		Change Change	Addition
NAME	••			AME.		, i			
STREET ADDRESS	1		2.3 ST		ET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL		2. 4 CITY-ST-Z		T-ZiP				
TITLE	#2VP			TITLE M'3		H3V	P	Ņ Change	Addition
NAME	FREIMAN, ALBERT	ALBERT '32		2 NAME ML		MO	rtin cohen	-	
STREET ADDRESS			3.3 \$1	REET	TADORESS	433	GRANTHAN D		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	3.4.0		rry-s	TY-ST-ZIP		PAFIELD BEACH, FL 33442		
TITLE	#3VP	☐ DELETE	4.1 TI			VP		Change	☐ Addition
NAME	KALISH, HENRIETTA		4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	TADDRESS		•		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		4.4 CF	TY-S	T-ZIP		r		
TITLE	DT	☐ DELETÉ	5.1 TI	-				Change	Addition
NAME	FELDMAN, PHILIP		5.2 N/	AME					
STREET ADDRESS	I		5.3 \$1	TRE.E1	TADDRESS				
1	DEERFIELD BCH, FL 00000		5.4 CI						
CITY-ST-ZIP	DC DCF, FL 00000	□ DELETE	6.1 TI					Change	Addition

DEERFIELD BCH FL 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

DS

WOSK, GOLDIE

679 DURHAM

TITLE

NAME

STREET ADDRESS

DELETE

Change