

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 # **733743** (9)

1. Corporation Name

CONGREGATION BETH HILLEL OF MARGATE, INC.



Principal Place of Business

Mailing Address

**7640 MARGATE BLVD.
MARGATE FL 33063-3352**

**7640 MARGATE BLVD.
MARGATE FL 33063-3352**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1975

3a. Date of Last Report

01/30/1995

4. FEI Number

59-1704551

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

10. Name and Address of New Registered Agent

**GRUSHKA, NAT
7605 N.W. 5TH COURT
MARGATE FL 33063**

81 Name

Plotkin, Abe

82 Street Address (P.O. Box Number is Not Acceptable)

7640 MARGATE BLVD.

83

MARGATE FL 33063

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

Abe Plotkin **ABE PLOTKIN Pres.**

1/16/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **GRUSHKA, NAT**
STREET ADDRESS **7605 N.W. 5TH COURT**
CITY-ST-ZIP **MARGATE FL**

TITLE **VPD** ☐ DELETE

NAME **ENDER, SY**
STREET ADDRESS **370 N.W. 76TH AVENUE**
CITY-ST-ZIP **MARGATE FL**

TITLE **TD** ☐ DELETE

NAME **MOSKOWITZ, SALLY**
STREET ADDRESS **7805 N.W. 5TH COURT**
CITY-ST-ZIP **MARGATE FL**

TITLE **FS** ☐ DELETE

NAME **INGBER, FRED**
STREET ADDRESS **6750 N.W. 17TH COURT**
CITY-ST-ZIP **MARGATE FL**

TITLE **VPD** ☒ DELETE

NAME **PLOTKIN, ABE**
STREET ADDRESS **7705 W. ATLANTIC BLVD.**
CITY-ST-ZIP **MARGATE FL**

TITLE **DS** ☒ DELETE

NAME **PLEAT, FLORENCE**
STREET ADDRESS **7605 N.W. 4TH PLACE**
CITY-ST-ZIP **MARGATE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD Plotkin, Abe
7705 W. ATLANTIC BLVD.
MARGATE FL 33063

VPD Pitterman, William
7610 NW 17th St.
MARGATE FL

DS Zimmerman, Florence
7300 NW 4th Pl.
MARGATE FL 33063

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:

Fred Ingber - Fin Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96
Date

854-972-6604
Daytime Phone #

CR2E037 (12/95)