NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733743

1. Corporation Name

CONGREGATION BETH HILLEL OF MARGATE, INC.

Principal Place of Business 7640 MARGATE BLVD. MARGATE FL 33063-3352

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

7640 MARGATE BLVD. MARGATE FL 33063-3352

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 02, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

09/04/1975

4. FEI Number

22		27				;	59-170455) I		Not	Applicable
City & Stat	e	City & Sta	ate			5.4	Certificate of S	Status Desired		\$8.75 A	
23		28				J	Cortificate of C			Fee Rec	juired
Zip	Country	Zip	_	Country		6.	Election Cam	paign Financing	П.	\$5.00 N	•
24	25	29	30				Trust Fund Co			Added to	Fees
	9. Name and Address of Current	Registered Age	nt			10.	Name and A	ddress of New	Registered	Agent	
	· .			81	Name	FRFN	INGBER	ı			
PLOTKIN, ABE 7640 MARGATE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable) 7640 MARGATE BLVD.						
	•			84 City 85 Zip Code							
					•			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, F of Florida. Such ch	lorida Statutes, t sange was autho	the above prized by	e-named corp the corporati	poration ion's boa	submits this a ard of director	statement for the	purpose of pt the appoi	intment as reg	istered
agent. I a	to the provisions of Sections 617.050, egistered agent, or both, in the State of m familiar with, and accept the obligations.	ions of Section 6	17.0503, Florida	Statutes.	77. 1	ſ	٨.	1	.1	100	
SIGNATURE	THE NUMBER	- Ma	NOBE	<u> </u>	1691311	MN	Usen	<u>T</u>		199_	
12,	Signature, typed or printed name of registered agen	t and title if applicable. D DIRECTORS	(NOTE: Rég	istered Agen	t signature requir	en nertw be	DDITIONS/CI	HANGES TO O	FICERS A	ND DIRECTOR	RS IN 12
TITLE	FS OFFICERS AN		DELETE	1.1 TITLE						Change	Addition
NAME	NAGEL ISABEL	7	,	1.2 NAME		FS	CENDER!	10CEDII			,
STREET ADDRESS	AREA BOOK IOLAND BOAD			1.3 STREET	ADDRESS			, JOSEPH	DEÉT		
	MARGATE FL 33063			1.4 CITY+\$1	ŀ			18TH STI			
CITY-ST-ZIP	VPD		DELETE	2.1 TITLE	1-21	MA	RGATE,	FL 3306	3	Change	Addition
NAME	ENDER, SY	_		2.2 NAME							:
STREET ADDRESS				2.3 STREET	ADORESS						
CITY-ST-ZIP	MARGATE FL			2. 4 CITY-S	1					· • • • •	* 2 * 2 *
TITLE	TD		DELETE	3.1 TITLE						Change	☐ Addition
NAME	MOSKOWITZ, SALLY			3.2 NAME							
STREET ADDRESS	SAAS MAN STILL COURT			3.3 STREET	T ADDRESS						1
CITY-ST-ZIP	MARGATE FL			3.4. CITY-S	IT- ZIP			•,			
TITLE	PD] DELETE	4.1 TITLE						Change	☐ Addition
NAME	INGBER, FRED			4. 2 NAME				*			
STREET ADORESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP	MARGATE FL 33063			4.4 CITY-S	T-ZIP						
TITLE	VPD	C	DELETE	5.1 TITLE				•	. —	Change -	Addition
NAME	MARCUS, IRVING			5.2 NAME							
STREET ADDRESS		.DG. P		5.3 STREET	TADORESS						
CITY-ST-ZIP	MARGATE FL 33063			5.4 CITY-S	T-ZIP						::::::
TITLE	DS] DELETE	6.1 TITLE						Change	☐ Addition
NAME	ZIMMERMAN, FLORENCE			6.2 NAME				-			
STREET ADORESS	7300 N.W. 4TH PLACE			6.3 STREET	TADDRESS						
CITY ST 75D	MARGATE EL			6.4 CITY-S	T-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:

Applied For