


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90055 016 \*\*\*\*61.25

<b>DOCUMENT # 733743</b>			
1. Entity Name CONGREGATION BETH HILLEL OF MARGATE, INC.			
Principal Place of Business 7640 MARGATE BLVD. MARGATE FL 33063-3352		Mailing Address 7640 MARGATE BLVD. MARGATE FL 33063-3352	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7642 Margate Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Margate, FL 33063	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1704551		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INGBER, FRED 7640 MARGATE BLVD. MARGATE FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: RAXENBERG, GUS STREET ADDRESS: 601 NW 79TH AVE CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: VP NAME: SOBEL, HANK STREET ADDRESS: 1050 COUNTRY CLUB DR CITY-ST-ZIP: MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SOBEL, HANK STREET ADDRESS: 1050 COUNTRY CLUB DR. CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: T NAME: INGBER, FRED STREET ADDRESS: 6750 N.W. 17th COURT CITY-ST-ZIP: MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: INGBER, FRED STREET ADDRESS: 6750 N.W. 17TH COURT CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: S NAME: ARDEN, EUGENE STREET ADDRESS: 18102 CLEAR BROOK CIR CITY-ST-ZIP: BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ARDEN, EUGENE STREET ADDRESS: 18102 CLEAR BROOK CIR CITY-ST-ZIP: BOCA RATON FL 33498	<input type="checkbox"/> Delete	TITLE: P NAME: ZIMMERMAN, FLORENCE STREET ADDRESS: 7300 N.W. 4TH PLACE #102 CITY-ST-ZIP: MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: ZIMMERMAN, FLORENCE STREET ADDRESS: 7300 N.W. 4TH PLACE CITY-ST-ZIP: MARGATE FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Ingber - Sec'n Trustee*  *3/1/07* *954-3190*