

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90049 030 \*\*\*\*61.25

<b>DOCUMENT # 733743</b> 1. Entity Name <b>CONGREGATION BETH HILLEL OF MARGATE, INC.</b>					
Principal Place of Business <b>7640 MARGATE BLVD. MARGATE, FL 33063-3352</b>				Mailing Address <b>7642 MARGATE BLVD. MARGATE, FL 33063-3352</b>	
2. Principal Place of Business - No P.O. Box # <b>7638 Margate Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Margate, FL</b>		City & State			
Zip <b>33063</b>	Country <b>Broward</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>INGBER, FRED 7640 MARGATE BLVD. MARGATE, FL 33063</b>				7. Name and Address of New Registered Agent Name <b>Florence Zimmerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 N.W. 4th Place #102</b> City <b>Margate</b> <b>FL</b> Zip Code <b>33063</b>	
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: <i>Florence Zimmerman</i> <b>Florence Zimmerman President</b> <span style="float: right;">3/20/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE VP NAME RAXENBERG, GUS STREET ADDRESS 601 NW 79TH AVE CITY-ST-ZIP MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Lawrence Bernstein STREET ADDRESS 6080 N.W. 44th St. #3-203 CITY-ST-ZIP Lauderhill, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SOBEL, HANK STREET ADDRESS 1050 COUNTRY CLUB DR. CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE T NAME Marvin Daniels STREET ADDRESS 6057 N.W. 73rd Ct. CITY-ST-ZIP Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME INGBER, FRED STREET ADDRESS 6750 N.W. 17TH COURT CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME ARDEN, EUGENE STREET ADDRESS 18102 CLEAR BROOK CIR CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME ZIMMERMAN, FLORENCE STREET ADDRESS 7300 N.W. 4TH PLACE CITY-ST-ZIP MARGATE, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 Chapter 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.					
<b>SIGNATURE:</b> <i>Florence Zimmerman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Florence Zimmerman</b> <b>President</b> <span style="float: right;">3/20/08 954-974-3090</span> <small>Date Daytime Phone #</small>		