

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 # 735316

(2)

1. Corporation Name

CONGREGATION AITZ CHAIM OF WEST PALM BEACH, INC.



Principal Place of Business

**2518 N HAVERHILL RD
WEST PALM BCH FL 33417**

Mailing Address

**2518 N HAVERHILL RD
WEST PALM BCH FL 33417**

3. Date Incorporated or Qualified
03/18/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2518 N HAVERHILL RD

26 5 ME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 W. PALM BEACH, FL

28

Zip

Country

Zip

Country

24 33417

25

29

30

9. Name and Address of Current Registered Agent

**SILVERMAN, STUART M.
415 5TH ST.
~~CENTURY VILLAGE~~
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when new state filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORN, HARRY	
STREET ADDRESS	CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NUSSBAUM, JAKE	
STREET ADDRESS	CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORMAN, HERBERT	
STREET ADDRESS	205 COVENTRY I	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERSKOVITS, WILLY	
STREET ADDRESS	409 GREENBRIAR	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPIEGEL, SIDNEY	
STREET ADDRESS	STRATFORD 7A	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, MEYER	
STREET ADDRESS	CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (12/95)