

2-23-98 B-2422 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736203** (1)

1. Corporation Name

CONGREGATION ETZ CHAIM, INC.



Principal Place of Business 3970 NW 21 AVENUE OAKLAND PARK FL 33308 US	Mailing Address 3970 NW 21 AVENUE OAKLAND PARK FL 33308 US
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3. Date Incorporated or Qualified

06/24/1976

4. FEI Number

58-2100313

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LANDSBERG, ALAN
300 S. PARK RD.
SUITE 302
HOLLYWOOD FL 33021**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GREENSPAN, MICHAEL	
STREET ADDRESS	801 N. PINE ISLAND ROAD #258	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	VD	☒ DELETE
NAME	CITRIN, STEVEN	
STREET ADDRESS	801 NE 74 STREET	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	GD	☒ DELETE
NAME	GLAZER, SANDRA	
STREET ADDRESS	6666 SUNRISE LAKES DRIVE N. #301	
CITY-ST-ZIP	SUNRISE FL 33322	

TITLE	TD	☐ DELETE
NAME	SCHecter, MITCHELL B.	
STREET ADDRESS	4200 INVERRARY BLVD., SUITE 3203	
CITY-ST-ZIP	LAUDERHILL FL 33324	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Mindy ZIMMERMAN
2.4 CITY-ST-ZIP	8060 SUNRISE LAKES DRIVE N. #301

3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SD
3.3 STREET ADDRESS	RICK RUBIN
3.4 CITY-ST-ZIP	100 Edgewater Drive #107

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	Coral Gables, FL 33134
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 attachment with an address.

SIGNATURE: *[Signature]* **TREASURER** (954) 214-9032

CR2E037 (10/97)