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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736203

1. Corporation Name

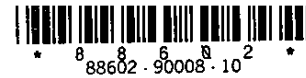
CONGREGATION ETZ CHAIM, INC.

Principal Place of Business

3970 NW 21 AVENUE
OAKLAND PARK FL 33308
US

Mailing Address

3970 NW 21 AVENUE
OAKLAND PARK FL 33308
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/24/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2100313	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	
Country		Country			
25		30			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	GREENSPAN, MICHAEL	1.2 NAME	RICK SHAPIRO
STREET ADDRESS	801 N. PINE ISLAND ROAD #258	1.3 STREET ADDRESS	2301 W E 19 AVE
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	WALTON MAHORS, FL 33305
TITLE	VD	2.1 TITLE	PD
NAME	ZIMMERMAN, MINDY	2.2 NAME	CHARLES GREEN
STREET ADDRESS	8060 SUNRISE LAKES DR N., #301	2.3 STREET ADDRESS	6338 NW 40 CT
CITY-ST-ZIP	SUNRISE FL 33322	2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	SD	3.1 TITLE	VD
NAME	RUBIN, RICK	3.2 NAME	PHILIP FREEDMAN
STREET ADDRESS	100 EDGEWATER DR., #107	3.3 STREET ADDRESS	1650 DIPLOMAT PARKWAY
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	TD	4.1 TITLE	
NAME	SCHECTER, MITCHELL B.	4.2 NAME	
STREET ADDRESS	4200 INVERRARY BLVD., SUITE 3203	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33324	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 991-714-9232

0039964

CR2E037 (11/98)