

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 13 PM 1:33

DOCUMENT # **736325** (2)  
1. Corporation Name  
**BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.**

Principal Place of Business Mailing Address  
**501 NE 26TH AVE BOYNTON BCH FL 33435**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/08/1976</b>   | 3a. Date of Last Report<br><b>01/31/1994</b>           |
| 4. FEI Number<br><b>59-1680041</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 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 Country             |
| 24 Zip                         | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**KATZ, BENJAMIN  
2520 NE 1ST COURT  
BOYNTON BCH, FL  
BOYNTON BCH FL 33435**

10. Name and Address of New Registered Agent  
81 Name  
**JACK SIEGEL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1069 B Andrea Lane**  
83  
84 City  
**BOYNTON BEACH** 85 Zip Code  
**FL 33437**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jack Siegel* **Jack Siegel** *2/13/95*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                             |
|----------------------------|-----------------------------|
| TITLE                      | <b>PD</b>                   |
| NAME                       | <b>FRIEDLAND, MARSHALL</b>  |
| STREET ADDRESS             | <b>330 N.E. 26 AVE.</b>     |
| CITY- ST- ZIP              | <b>BOYNTON BCH FL 33435</b> |
| TITLE                      | <b>VPD</b>                  |
| NAME                       | <b>ALTERMAN, JACK</b>       |
| STREET ADDRESS             | <b>9828 PAVAROTTI, #101</b> |
| CITY- ST- ZIP              | <b>BOYNTON BEACH FL</b>     |
| TITLE                      | <b>VPD</b>                  |
| NAME                       | <b>KATZ, BENJAMIN</b>       |
| STREET ADDRESS             | <b>2520 N.E. 1ST COURT</b>  |
| CITY- ST- ZIP              | <b>BOYNTON BCH FL 33435</b> |
| TITLE                      | <b>TD</b>                   |
| NAME                       | <b>SIEGEL, JACK</b>         |
| STREET ADDRESS             | <b>10069B ANDREA LN</b>     |
| CITY- ST- ZIP              | <b>BOYNTON BCH FL</b>       |
| TITLE                      | <b>SD</b>                   |
| NAME                       | <b>ROSEN, SALLY</b>         |
| STREET ADDRESS             | <b>2800 NE 1ST LN</b>       |
| CITY- ST- ZIP              | <b>BOYNTON BCH FL</b>       |
| TITLE                      |                             |
| NAME                       |                             |
| STREET ADDRESS             |                             |
| CITY- ST- ZIP              |                             |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY- ST- ZIP                                     |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>VPD</b>   |
| 2.3 STREET ADDRESS                                    | <b>Dr. William B Cerier</b>  |
| 2.4 CITY- ST- ZIP                                     | <b>5877 B Sunswep Lane</b>   |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | <b>VPD</b>   |
| 3.3 STREET ADDRESS                                    | <b>Wilma Kass</b>  |
| 3.4 CITY- ST- ZIP                                     | <b>6450 Aspen Glen Circle</b>  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  | <b>Boynton Beach, Fl. 33437</b>  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY- ST- ZIP                                     |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY- ST- ZIP                                     |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 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)(b), 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 such certifier were 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: *Marshall B. Friedland* **Marshall B. Friedland** *586-9428*  
Signature, typed or printed name of business officer or director