

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



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

3. Date incorporated or Qualified: **07/08/1976**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-1680041**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country  
29. Zip, 30. Country

9. Name and Address of Current Registered Agent  
**SIEGEL, JACK**  
**1069 B ANDREA LANE**  
**BOYNTON BCH, FL**  
**BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent  
81. Name: **JACK Siegel**  
82. Street Address (P.O. Box Number is Not Acceptable): **10069 B Andrea Lane**  
83. **Boynton Beach, Fl. 33437**  
84. City, 85. Zip Code: **FL**

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]* DATE: **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLAND, MARSHALL	
STREET ADDRESS	330 N.E. 26 AVE.	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CERIER, DR WILLIAM B	
STREET ADDRESS	5877 B SUNSWEPT LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KASS, WILMA	
STREET ADDRESS	6450 ASPEN GLEN CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIEGEL, JACK	
STREET ADDRESS	10069B ANDREA LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, SALLY	
STREET ADDRESS	2600 NE 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brindis, George	
1.3 STREET ADDRESS	5272 Piping Rock Dr.	
1.4 CITY-ST-ZIP	Boynton Beach, Fl. 33437	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joe Mayerson	
2.3 STREET ADDRESS	2615 N.E. 3rd Ct. #117	
2.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Irwin Hochman	
3.3 STREET ADDRESS	130 N.E. 26 Ave. #104	
3.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
4.1 TITLE	TD Jack Siegel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1069 B Andrea Lane	
4.3 STREET ADDRESS	Boynton Beach, Fl. 33437	
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilma Kass	
5.3 STREET ADDRESS	5231 Brookview Drive	
5.4 CITY-ST-ZIP	33437 Boynton Beach, Fl	
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)(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]* DATE: **1/24/96** DAYTIME PHONE #: **(407) 586-9478**

CR2E037 (12/95)