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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736325

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
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DEPARTMENT OF STATE



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/08/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1680041
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution <input type="checkbox"/>
	Zip 30	

9. Name and Address of Current Registered Agent

JACK SIEGEL
10069 B ANDREA LANE
BOYNTON BCH, FL
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Jack Siegel* **JACK SIEGEL** 1/14/99
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	<input type="checkbox"/> DELETE
NAME	MAYERSON, JOSEPH	
STREET ADDRESS	2615 NE 3RD CT, #117	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOCHMAN, IRWIN	
STREET ADDRESS	130 NE 26TH AVE, #104	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KASS, AL	
STREET ADDRESS	5231 BROOKVIEW DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIEGEL, JACK	
STREET ADDRESS	1069 B ANDREA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIX, SHIRLEY	
STREET ADDRESS	2615 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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	Irwin Hochman	
1.3 STREET ADDRESS	130 N.E. 26 Ave #104	
1.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
2.1 TITLE	vpd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Schmookler	
2.3 STREET ADDRESS	230 NE 26 Ave. #311	
2.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 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: *Jack Siegel* **SIGNATURE REQUIRED** 1/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)