

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 # 736490 (4)

1. Corporation Name

BEVERLY HILLS JEWISH CENTER - CONGREGATION BETH SHOLOM, INC.



Principal Place of Business

**ONE CIVIC CIRCLE
BEVERLY HILLS FL 34465
US**

Mailing Address

**P.O. BOX 640024
BEVERLY HILLS FL 34464-0024
US**

3. Date Incorporated or Qualified
07/28/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
23-7075223

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINER, DORATHY
3833 N. BRIARBERRY POINT
BEVERLY HILLS FL 34465**

81 Name

DRESSNER, IRVIN

82

Street Address (P.O. Box Number is Not Acceptable)

916 W CATBRIAR LA

83

84 City

BEVERLY HILLS

FL

85 Zip Code

34465

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

IRVIN -DRESSNER

SEC. 4

Irvin Dressner

APR 05-1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GELSKY, HELEN	
STREET ADDRESS	3583 N. TIMOTHY TERR.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WIENER, SHIRLEY	
STREET ADDRESS	45 S. TYLER ST.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GELSKY, HELEN	
STREET ADDRESS	3583 N. TIMOTHY TERR.	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WIENER, SHIRLEY	
STREET ADDRESS	45 S. TYLER ST.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WIENER, MORTON	
STREET ADDRESS	45 S. TYLER ST.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	SAGER, SAMUEL	
STREET ADDRESS	23 S. JEFFERSON ST.	
CITY-ST-ZIP	BEVERLY HILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BLOCH, MANNY	
13 STREET ADDRESS	289 W. ROMANY LOOP	
14 CITY-ST-ZIP	BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VP	
22 NAME	BENSTOCK, BERNICE	
23 STREET ADDRESS	2050 W. DEER TRAIL LA.	
24 CITY-ST-ZIP	BEVERLY HILLS FL 34465	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HARTENSTEIN, GILBERT	
33 STREET ADDRESS	359 SUGARBERRY LA	
34 CITY-ST-ZIP	BEVERLY HILLS FL 34465	
41 TITLE	DRESSNER, IRVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	916 W CATBRIAR LA	
43 STREET ADDRESS	BEVERLY HILLS FL 34465	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FLATOW, HENRY	
63 STREET ADDRESS	50 S. DAVIS ST	
64 CITY-ST-ZIP	BEVERLY HILLS FL 34465	

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:

Morton Wiener

MORTON WIENER

4/8/96

352-746-6453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)