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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 736490

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

148034 90127 22



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/28/1976

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

9. Name and Address of Current Registered Agent

DRESSNER, IRVIN
 916 W CATBRIAR LANE
 BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name
 SONYA LEAVITT
 82 Street Address (P.O. Box Number is Not Acceptable)
 864 W. GLEASON ST
 83
 84 City
 BEVERLY HILLS FL 85 Zip Code
 34465

11. Pursuant to the provisions of Sections 617.0902 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

Sonya Leavitt Sec'y
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLOCK, MANNY	
STREET ADDRESS	289 W ROMANY LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BENSTOCK, BERNICE	
STREET ADDRESS	2050 W DEER TRAIL LANE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HARTENSTEIN, GILBERT	
STREET ADDRESS	864 WEST GLEASON ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DRESSNER, IRVIN	
STREET ADDRESS	916 W CATBRIAR LANE	
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 type="checkbox"/> DELETE
NAME	FLATOW, HENRY	
STREET ADDRESS	50 S DAVIS ST	
CITY-ST-ZIP	BEVERLY HILLS FL	

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	BERNICE BENSTOCK	
1.3 STREET ADDRESS	2050 W. DEER TRAIL LA.	
1.4 CITY-ST-ZIP	LECANTO FL, 34461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LESLIE LEAVITT	
2.3 STREET ADDRESS	864 W. GLEASON ST	
2.4 CITY-ST-ZIP	BEVERLY HILLS FL, 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANDRA FLATOW	
3.3 STREET ADDRESS	50 S. DAVIS ST	
3.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SONYA LEAVITT	
4.3 STREET ADDRESS	864 W. GLEASON ST	
4.4 CITY-ST-ZIP	BEVERLY HILLS FL, 34465	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an address, with all other like empowered.

SIGNATURE:

Morton Wiener
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 352 746-6453
 Date Daytime Phone #

CR2E037 (1/98)