

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 # **741288** (5)
1. Corporation Name
WHEELCHAIR CLUB OF SHALOM TEMPLE NO. 77, INC



Principal Place of Business Mailing Address
~~3770 W OAKLAND PARK BLVD #210~~
~~SUNRISE FL 33351~~
7770 W OAKLAND PARK BLVD #240
~~000~~
~~SUNRISE FL 33351~~
US

3. Date Incorporated or Qualified **12/30/1977** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-1807988** 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

2. Principal Place of Business 2a. Mailing Address
21 **733 RIVERSIDE DRIVE** 26 **1853 N.W 94TH AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FL** 27
City & State City & State
23 **CORAL SPRINGS FL** 28 **CORAL SPRINGS FL**
Zip Country Zip Country
24 **33071** 25 **USA** 29 **33071-8956** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAFFER, HENRY
7770 W OAKLAND PARK BLVD
SUNRISE FL 33351

81 Name **ZIEGLER BRUCE**
82 Street Address (P.O. Box Number is Not Acceptable)
1853 NW 94TH AVE
83
84 City **CORAL SPRINGS** FL 85 Zip Code **33071-8956**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/96
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SIEGLER, BRUCE | |
| STREET ADDRESS | 1853 NW 94TH AVE. | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MASTER, BURCE | |
| STREET ADDRESS | 8971 NW 3RD CT. | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | BERMAN, HARVEY | |
| STREET ADDRESS | 2712 CARAMBOLA CIR N | |
| CITY-ST-ZIP | COCONUT CRK FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHWEITZER, NATHAN | |
| STREET ADDRESS | 4146 N.W. 90TH AVE., SUITE 104 | |
| CITY-ST-ZIP | CORAL SPGS. FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SHAPIRO, LESTER | |
| STREET ADDRESS | 7700 SUNSET STRIP | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AVNET, LEO | |
| STREET ADDRESS | 1053 VENTOR | |
| CITY-ST-ZIP | DEERFIELD FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------------|---|
| 1.1 TITLE | PASSED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ZIEGLER BRUCE | |
| 1.3 STREET ADDRESS | 1853 NW 94TH AVE | |
| 1.4 CITY-ST-ZIP | CORAL SPRINGS FL 33071-8956 | |
| 2.1 TITLE | BERMAN JAY TREAS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 733 RIVERSIDE DRIVE #1234 | |
| 2.3 STREET ADDRESS | CORAL SPRINGS FL 33071 | |
| 2.4 CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| 3.1 TITLE | MASTER BRUCE DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 8971 NW 3RD CT | |
| 3.3 STREET ADDRESS | CORAL SPRINGS FL 33071 | |
| 3.4 CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| 4.1 TITLE | WEINER STEVE SEC | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 11401 N.W 25TH | |
| 4.3 STREET ADDRESS | PLANTATION ACRES FL 33323 | |
| 4.4 CITY-ST-ZIP | PLANTATION ACRES FL 33323 | |
| 5.1 TITLE | LIGHTMAN MANNY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 8331 SANDS POINT BLVD | |
| 5.3 STREET ADDRESS | TAMM FL 33321 | |
| 5.4 CITY-ST-ZIP | TAMM FL 33321 | |
| 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 **BRUCE ZIEGLER** **4/17/96** **(954)344-8209**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)