## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT SE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(3)

**FILED** Mar 23 1998 8:00am Secretary of State

BETH	EL ASSEMBLY, INC.				<u> </u>
Principal Place of Business		Mailing Address		I TRANIC HABIN ENDEN BINN DOUG HORN CONTINUENT	ALOU DIAN BIBIL BIBIL AND LIBER
P.O.BOX 1359 MIAAN FL 33015		7696 NORTHWEST 186TH STREET TOURS OF P.O.BOX 1359 MIAMI FL 33015		3. Date Incorporated or Qualified  11/27/1978  4. FEI Number Applied For	
	Place of Business	2a. Mailing Address	<u></u>	59-1843522  5. Certificate of Status Desired	Not Applicable \$8.75 Additional
21 7636 NW 156-30 Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22 City & State		27		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23M/AM/ FL		City & State		7. Is this nonprofit corporation a homeowners association?  Yes No	
24 <b>3 3</b> 6	15 25 Rade	Zip 29	Country 30	<ol> <li>This corporation owes or has paid the opersonal Property Tax due June 30.</li> </ol>	current year Intangible
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
			61 Name		
LIVELY, DAVID R.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
19844 BOB-O-LINK DR. MIAMI FL 33015			83		
MILANTE	-L 33015				
			84 City	F	85 Zip Code
office or agent. I	am parillar with another opting conga	DAVID R	s, the above-named coruthorized by the corporarida Statutes.  Registered Agent algebrar requ	rporation submits this statement for the purpose atton's board of directors. I hereby accept the attended when rejectation	of changing its registered ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	STD	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	WALKER, GORDON		1.2 NAME		
STREET ADDRESS	5424 NW 190 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MCLAREN, YVONNE	- Detere	2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	19015 NW 54 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE /	President -P	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIVELY DAVID	R	3.2 NAME		
STREET ADDRESS	19644 BOB-O-LINK	-OR	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI PL 331	7.5 DELETE	3.4. CITY-ST-ZIP		Dob Dadry
NAME		TO LI DECENE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	i		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 chapted, or on an attachment with an address.