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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 748644

1. Corporation Name

TEMPLE BETH AM OF MARGATE INC.

Principal Place of Business

7205 ROYAL PALM BLVD
MARGATE FL 33063

Mailing Address

7205 ROYAL PALM BLVD
MARGATE FL 33063



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/16/1959

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0169999

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, E. ROSS
7797 N UNIVERSITY DR
TAMARAC FL 33321

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TEVP
NAME GROSSMAN, GARY L
STREET ADDRESS 8762 NW 19TH ST
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE D Grossman, Gary L.-Pres.
1.2 NAME 8762 NW 19th ST
1.3 STREET ADDRESS Coral Springs FL
1.4 CITY-ST-ZIP

TITLE TP
NAME SZMYLEWITZ, ARMEND.
STREET ADDRESS 5452 NW 86TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE D Lyon, Jim_Exec. V.P.
2.2 NAME 5457 NW 88th Way
2.3 STREET ADDRESS Coral Springs FL
2.4 CITY-ST-ZIP

TITLE VP
NAME ADELMAN, EILEEN
STREET ADDRESS 4771 NW 88TH TERR
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE T Oistacher, Ned-V.P.Finan
3.2 NAME 2091 NW 87th Terr.
3.3 STREET ADDRESS Coral Springs FL
3.4 CITY-ST-ZIP

TITLE TVP
NAME ISHAR ANAPOL
STREET ADDRESS 6800 ROYAL PALM BLVD
CITY-ST-ZIP MARGATE FL

4.1 TITLE T Ostreich, Steve-V.P.Ed.
4.2 NAME 11426 NW 19th Drive
4.3 STREET ADDRESS Coral Springs FL
4.4 CITY-ST-ZIP

TITLE V
NAME GROSSMAN, GARY
STREET ADDRESS 8762 NW 19 ST
CITY-ST-ZIP CORAL SPRINGS FL

5.1 TITLE D Policzer, Dr. Joel-V.P.
5.2 NAME Ritual
5.3 STREET ADDRESS 8101 Blueridge Lane
5.4 CITY-ST-ZIP Parkland FL

TITLE TD
NAME LYON, JAMES T ESO
STREET ADDRESS 5457 NW 88TH WAY
CITY-ST-ZIP CORAL SPRINGS FL

6.1 TITLE T Rothstein, Marcia-
6.2 NAME V.P. Membership
6.3 STREET ADDRESS 1239 NW 110th Terr
6.4 CITY-ST-ZIP Coral Springs FL

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:

SIGNATURE RECORDED
1/13/99 954-968-4845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (11/98)