

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sanders B. McInam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751702 (2)

1. Corporation Name

**HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, I
NC.**

Atiya Temple Tifereth Jacob

Principal Place of Business

Mailing Address

**81 EAST 4TH AVE
HALEAH FL 33010
6175 NW 153 ST / STE 226
MIAMI LAKES, FL 33014**

**81 EAST 4TH AVE 6175 NW 153 ST.
HALEAH FL 33010 SUITE 226
MIAMI LAKES
FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1980	3a. Date of Last Report 02/02/1994
4. FEI Number 59-6018713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLEN, ELSA
18423 STONEHAVEN B
MIAMI FL 33014**

81. Name IRENE STACK
82. Street Address (P.O. Box Number is Not Acceptable) 16504 STONEHAVEN RD
83. City MIAMI LAKES FL
84. Zip Code 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Irene Stack, Treasurer

4/12/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPO	NAME MILLER, MELVIN	1.1 TITLE VPO	1.2 NAME MORIS BOSAKIEWICH
STREET ADDRESS 1815 W. PRESHWICK PLACE	CITY-ST-ZIP MIAMI LAKES FL	1.3 STREET ADDRESS 8399 W 14 COURT	1.4 CITY-ST-ZIP HIALEAH FL 33014
TITLE TD	NAME GLEN, ELSA	2.1 TITLE TD	2.2 NAME IRENE STACK
STREET ADDRESS 18423 STONEHAVEN ROAD	CITY-ST-ZIP MIAMI LAKES FL	2.3 STREET ADDRESS 16504 STONEHAVEN RD	2.4 CITY-ST-ZIP MIAMI LAKES FL 33014
TITLE PD	NAME FLEMMENBAUM, ABRAHAM	3.1 TITLE PD	3.2 NAME BRIAN STACK
STREET ADDRESS 18423 STONEHAVEN RD.	CITY-ST-ZIP MIAMI LAKES FL	3.3 STREET ADDRESS 8548 GLENCAIRN LANE	3.4 CITY-ST-ZIP MIAMI LAKES FL 33016
TITLE SD	NAME ELIS, CAROLYN	4.1 TITLE SD	4.2 NAME SUE HANEY
STREET ADDRESS 1800 W. 82 ST.	CITY-ST-ZIP HIALEAH FL	4.3 STREET ADDRESS 7010 NW 186 ST /APT # 307	4.4 CITY-ST-ZIP MIAMI FL 33014
TITLE VPO	NAME ELIS, NATHAN	5.1 TITLE	5.2 NAME
STREET ADDRESS 1300 W. 82ND STREET	CITY-ST-ZIP HIALEAH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE Fin. Secy	NAME Dellanne Vitello	6.1 TITLE Financial Secy Dir	6.2 NAME Dellanne Vitello
STREET ADDRESS Bethanne	CITY-ST-ZIP	6.3 STREET ADDRESS 14691 BALGOWAN RD /# 206	6.4 CITY-ST-ZIP MIAMI LAKES FL 33016

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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Irene Stack, Treasurer, Inc

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

3/31/95 305-823-557

DATE (Type in Full)