

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 # 751702 (2)

1. Corporation Name

HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, I NC.



Principal Place of Business

Mailing Address

6175 NW 153ST
STE 226
MIAMI LAKES FL 33014
US

6175 NW 153ST.
SUITE 226
MIAMI LAKES FL 33014
US

3. Date Incorporated or Qualified
03/25/1980

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-6018713

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STACK, IRENE-
16504 STONEHAVEN RD.
MIAMI LAKES FL 33014~~

81 Name NATHAN ELLIS VPD

82 Street Address (P.O. Box Number is Not Acceptable)
1300 W. 82nd STREET

83 Hialeah FL 33014

84 City HIALEAH FL 85 Zip Code 33014

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 *Nathan Ellis* NATHAN ELLIS, V.P. Director 4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOSAKEWICH, MORIS	
STREET ADDRESS	8390 W 14 COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STACK, IRENE	
STREET ADDRESS	16504 STONEHAVEN RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STACK, BRIAN	
STREET ADDRESS	8548 GLENCAIRN LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HANEY, SUE	
STREET ADDRESS	7010 NW 186 ST/ APT 307	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ELLIS, NATHAN	
STREET ADDRESS	1300 W. 82ND STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	VITIELLO, DELLANNE	
STREET ADDRESS	14631 BALGOWAN RD 206	
CITY-ST-ZIP	MIAMI LAKES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

826-4110 work
557-2651/springjue

Daytime Phone #

CR2E037 (12/95)