FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # 751702

HIALEAH-MIAMI SPRINGS JEWISH COMMUNITY CENTER, I

Principal Place of Business Mailing Address 6175 NW 153ST 6175 NW 153ST. 3. Date Incorporated or Qualified STE 226 SUITE 226 03/25/1980 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 4. FEI Number Applied For 59-6018713 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional \Box 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes **™**No 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SANA **ELLIS. NATHAN** Street Address (P.O. Box Number is Not Acceptable) **1300 W. 82ND STREET** 83 HIALEAH FL 33014 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change PD NAME STACK, BRIAN 1.2 NAME 8548 GLENCAIRN LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE **VPD** 2.1 TITLE **ELLIS. NATHAN** 2.2 NAME 1300 W. 82ND STREET STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Addition FSD NAME VITIELLO, DELLANNE 3.2 NAME 14631 BALGOWAN RD 206 STREET ADDRESS 3.3 STREET AODRESS MIAMI LAKES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition Change 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 20000243092 -02/16/98--01012--016 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***61.25

14. I hereby certify that the information supplied with this filing does not quality 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.

6.4 CITY-ST-ZIP

SIGNATURE: Y

CITY-ST-ZIP

2-6.98

FILED

Feb 13 1998 8:00am

Secretary of State