

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 # 754980 (1)

1. Corporation Name

BETH ZION, INC.



Principal Place of Business

Mailing Address

**129 SPARROW DRIVE
ROYAL PALM BEACH FL 33411**

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ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified
11/04/1980

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2093052

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**BERK, LEE
12011 POIACIANA BLVD #106
ROYAL PALM BEACH FL 33411**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, VIOLA	
STREET ADDRESS	131 MEADOWLARK DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LAZARUS, LYNN	
STREET ADDRESS	193 BILLAO STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BARAODIN, RUTH	
STREET ADDRESS	118 KINGFISHER WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICKABAUGH, MICHELE	
STREET ADDRESS	108 SEGOVIA AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BERK, LEE	
STREET ADDRESS	12011 POINCIANA BLVD., #106	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baraodian, Ruth	
1.3 STREET ADDRESS	118 Kingfisher Way	
1.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Baughman	
2.3 STREET ADDRESS	171 SUNFLOWER CIRCLE	
2.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marion Lean	
3.3 STREET ADDRESS	1131 HARMONY WAY	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Viola Collins	
4.3 STREET ADDRESS	131 MEADOWLARK DR	
4.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr Richard Stopek	
5.3 STREET ADDRESS	14356 HALTER RD.	
5.4 CITY-ST-ZIP	WELLINGTON FL 33414	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kerry Baron	
6.3 STREET ADDRESS	13739 STAIMFORD DR.	
6.4 CITY-ST-ZIP	WELLINGTON FL 33414	

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:

Ruth Baraodian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUTH BARAODIAN

April 17, 96 798-8888
Date Daytime Phone #

CR2E037 (12/95)