

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortrum  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR - 7 PM 1:50

DOCUMENT # **756658** (1)  
1. Corporation Name  
**CONGREGATION BETH TEFILAH, INC.**

Principal Place of Business Mailing Address  
6535 W. COMMERCIAL BLVD. TAMARAC FL 33319  
6535 W. COMMERCIAL BLVD. TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/09/1981</b>	3a. Date of Last Report <b>02/11/1994</b>
4. FEI Number <b>59-2091201</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> 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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**FELD, SIDNEY**  
**8220 S.W. 24TH STREET**  
**N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

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, 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 *Sidney Feld* (SIDNEY FELD) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BERNSTEIN, LAWRENCE
STREET ADDRESS	6080 NW 44 ST
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D
NAME	FELD, SIDNEY
STREET ADDRESS	8220 S.W. 24TH ST.
CITY-ST-ZIP	N. LAUDERDALE FL
TITLE	D
NAME	WEISER, ADOLPH
STREET ADDRESS	5980 N.W. 64TH AVE.
CITY-ST-ZIP	TAMARAC FL
TITLE	FD
NAME	SCHULTZ, FELIX
STREET ADDRESS	6050 N.W. 64TH AVENUE
CITY-ST-ZIP	TAMARAC FL
TITLE	TD
NAME	BERMAN, LOUIS J
STREET ADDRESS	6001 NW 81ST AVE
CITY-ST-ZIP	TAMARAC FL
TITLE	VD
NAME	GOLDEN, NATHEN
STREET ADDRESS	1810 SW 81 AVE 2401
CITY-ST-ZIP	N LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 110.07(3)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: *Louis J. Berman* Treasurer **3/3/95** (305) 722-4594  
Signature and typed or printed name of signing officer or director Date Telephone #  
**LOUIS J. BERMAN**