


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756658** (1)

1. Corporation Name  
**CONGREGATION BETH TEFILAH, INC.**



Principal Place of Business <b>6535 W. COMMERCIAL BLVD. TAMARAC FL 33319</b>	Mailing Address <b>6535 W. COMMERCIAL BLVD. TAMARAC FL 33319-2112</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1981</b>		3a. Date of Last Report <b>03/27/1996</b>	
21		26		4. FEI Number <b>59-2091201</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FELD, SIDNEY</b> <b>8220 S.W. 24TH STREET</b> <b>N. LAUDERDALE FL 33068</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, LAWRENCE</b>	1.2 NAME	
STREET ADDRESS	<b>6080 NW 44 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELD, SIDNEY</b>	2.2 NAME	
STREET ADDRESS	<b>8220 S.W. 24TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISER, ADOLPH</b>	3.2 NAME	
STREET ADDRESS	<b>5980 N.W. 64TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP	
TITLE	FD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULTZ, FELIX</b>	4.2 NAME	
STREET ADDRESS	<b>6050 N.W. 64TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, LOUIS J</b>	5.2 NAME	
STREET ADDRESS	<b>6001 NW 61ST AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDEN, NATHEN</b>	6.2 NAME	
STREET ADDRESS	<b>1810 SW 81 AVE 2401</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

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

SIGNATURE: **LOUIS J. BERMAN** *Louis J. Berman* 1/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035188

CR2E037 (9/96)