

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jul 12, 1999 8:00 am
 Secretary of State

07-12-1999 90015 012 ****61.25

DOCUMENT # 756658

1. Corporation Name

CONGREGATION BETH TEFILAH, INC.

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

Mailing Address
 6535 W. COMMERCIAL BLVD.
 TAMARAC FL 33319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		03/09/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-2091201	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
3		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
4		29		Trust Fund Contribution <input type="checkbox"/>	
		30		\$5.00 May Be Added to Fees	

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 *Sidney Feld* SIDNEY FELD DATE 7/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, LAWRENCE	1.2 NAME	
STREET ADDRESS	6080 NW 44 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, SIDNEY	2.2 NAME	
STREET ADDRESS	8220 S.W. 24TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, ADOLPH	3.2 NAME	<i>KOFFLER, SIDNEY</i>
STREET ADDRESS	5980 N.W. 64TH AVE.	3.3 STREET ADDRESS	<i>1930 S.W. 81ST AVE APT 4315</i>
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	<i>N.W. LAUDERDALE, FL. 33068</i>
TITLE	FD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, FELIX	4.2 NAME	
STREET ADDRESS	6050 N.W. 64TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, LOUIS J	5.2 NAME	
STREET ADDRESS	6001 NW 61ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, NATHAN	6.2 NAME	<i>DRIBEN, GEORGE</i>
STREET ADDRESS	1810 SW 81 AVE 2401	6.3 STREET ADDRESS	<i>5961 NW 81ST AVE</i>
CITY-ST-ZIP	N LAUDERDALE FL	6.4 CITY-ST-ZIP	<i>TAMARAC, FL. 33319</i>

14. I 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, with all other like empowered.

SIGNATURE: *Louis J. Berman* LOUIS J. BERMAN DATE 7/26-7756

Signature and typed or printed name of signing officer or director Date Daytime Phone #

10014091

CR2E037 (5/99)