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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762384** (6)
Corporation Name
AMERICAN FRIENDS OF MEVASERET ZION, INC.

Principal Place of Business % DR. NORMAN BLOOM 3909 GARDEN AVE MIAMI BCH FL 33140	Mailing Address C/O RABBI MEIR FELMAN 3909 GARDEN AVE APT 1 MIAMI BCH FL 33140 US
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3. Date Incorporated or Qualified

03/10/1982

4. FEI Number

59-2190062

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOOM, NORMAN, DR.
17220 N.E. 12TH AVENUE
NORTH MIAMI BEACH FL 33102**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE	PD
NAME	RABBI MEIR FELMAN
STREET ADDRESS	3909 GARDEN AVE
CITY-ST-ZIP	MIAMI BCH FL

1.1 TITLE	
1.2 NAME	RABBI MEIR FELMAN
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	SD
NAME	HELEN FELMAN
STREET ADDRESS	3909 GARDEN AVE
CITY-ST-ZIP	N MIAMI BCH FL

2.1 TITLE	
2.2 NAME	HELEN FELMAN
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VP
NAME	NORMAN BLOOM
STREET ADDRESS	3909 GARDEN AVE APT 1
CITY-ST-ZIP	MIAMI BCH FL

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	17220 NE 12th AVE
3.4 CITY-ST-ZIP	NO MIAMI BCH FL

TITLE	TD
NAME	SAM. COHENY
STREET ADDRESS	4101 PINETREE DR
CITY-ST-ZIP	N MIAMI BCH. FL 33141-0

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	PD
NAME	FELMAN, RABBI MEIR
STREET ADDRESS	3909 GARDEN AVE, APT 1
CITY-ST-ZIP	MIAMI BCH FL

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Meir Felman**

4/18/98

(954) 985-2400

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