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FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 765838 (8)

1. Corporation Name

GLADES JEWISH COMMUNITY CENTER

Principal Place of Business

224 NW AVE. G  
BELLE GLADE FL 33430  
US

Mailing Address

C/O ARTHUR NAGLER, PRES.  
397 N. JUNIPER AVE.  
PAHOKEE FL 33476-1315



3. Date Incorporated or Qualified  
11/22/1982

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 224 N.W. AVE G

Suite, Apt. #, etc.

22 BELLE GLADE FL

City & State

23 33430

Zip

24 USA

Country

2a. Mailing Address

26 GLADES JEWISH COM. CENT

Suite, Apt. #, etc.

27 397 N. JUNIPER AVE

City & State

28 PAHOKEE FL

Zip

29 33476

Country

30 USA

4. FEI Number  
05-0053202

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

NAGLER, ARTHUR B.  
397 NORTH JUNIPER AVENUE  
PAHOKEE FL 33476

81 Name

NAGLER, ARTHUR B.

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

397 N. JUNIPER AVE.

83

PAHOKEE

84 City

FL

85 Zip Code

33476

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NAGLER, ARTHUR B.  
STREET ADDRESS 397 NORTH JUNIPER AVENUE  
CITY-ST-ZIP PAHOKEE FL

DELETE

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

Change Addition

TITLE VD  
NAME ARONS, EDWARD  
STREET ADDRESS 224 NW AVENUE G  
CITY-ST-ZIP BELLE GLADE FL

DELETE

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

Change Addition

TITLE T NATALEAH  
NAME NACHMAN, NATALIA  
STREET ADDRESS 224 NW AVENUE G  
CITY-ST-ZIP BELLE GLADE FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE S  
NAME NAGLER, NOLA  
STREET ADDRESS 224 NW AVENUE G  
CITY-ST-ZIP BELLE GLADE FL

DELETE

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

Change Addition

TITLE D  
NAME NACHMAN, IZ  
STREET ADDRESS 224 NW AVENUE G  
CITY-ST-ZIP BELLE GLADE FL

DELETE

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

Change Addition

TITLE J  
NAME MULBERG, VICTOR  
STREET ADDRESS 224 NW AVENUE G  
CITY-ST-ZIP BELLE GLADE FL

DELETE

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

Change Addition

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 in Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur B. Nagler

Jan 5, 1997

Daytime Phone # 0044495

CR2E037 (9/96)