

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07863**

(6)

1. Corporation Name

BET SHIRA CONGREGATION, INC.



Principal Place of Business

Mailing Address

**7500 SW 120TH ST.
MIAMI FL 33156**

**7500 SW 120TH ST.
MIAMI FL 33156**

3. Date Incorporated or Qualified

02/25/1985

3a. Date of Last Report

05/01/1995

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

Zip

Country

24

25

29

30

4. FEI Number

59-2500437

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

**TESCHER, GAIL S
7500 SW 120 ST
MIAMI FL 33156**

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

TITLE ☐ DELETE

NAME **PD
MANNERS, RICHARD**
STREET ADDRESS **12621 SW 70TH AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DP
LARKIN, JEREMY**
STREET ADDRESS **7901 SW 143RD ST**
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **DS
TENDRICH, ELAYNE**
STREET ADDRESS **12020 SW 70TH CT**
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **DT
LARKIN, JEREMY**
STREET ADDRESS **105450 SW 102 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **M
TESCHER, GAIL S.**
STREET ADDRESS **13500 SW 69 CT.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DS
Irene Weinberger**
1.3 STREET ADDRESS **4994 Hammock Lake Drive**
1.4 CITY - ST - ZIP **Miami, FL 33156**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **DT
Curt Rosner**
2.3 STREET ADDRESS **15701 SW 78 Ave**
2.4 CITY - ST - ZIP **Miami FL 33157**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DT
Richard Bailey**
3.3 STREET ADDRESS **5020 SW 65 Ave**
3.4 CITY - ST - ZIP **Miami FL 33155**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail S. Tescher
Gail S. Tescher

Date

2-9-96

Daytime Phone #

305-238-2601

CR2E037 (12/95)