

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:52

DOCUMENT # **N09397** (3)
1. Corporation Name
CONGREGATION BETH SHALOM OF COCONUT CREEK, INC.

Principal Place of Business Mailing Address
1447 LYONS ROAD COCONUT CREEK FL 33063 **1447 LYONS ROAD COCONUT CREEK FL 33063**

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified 05/21/1985	3a. Date of Last Report 01/25/1994
4. FEI Number 59-2531428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**FRIEDMAN, HY
2003 GRANADA DR.
APT. L-1
COCONUT CREEK FL 33063**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARNOLD, HARRY
STREET ADDRESS	1202 BAHAMA BEND
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	V
NAME	MAURICE, RYBSTEIN
STREET ADDRESS	2001 GRANDA DRIVE H-3
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	D
NAME	PRAGER, EDWARD
STREET ADDRESS	3502 BIMINI LANE.
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	D
NAME	MILDEN, BENJAMIN
STREET ADDRESS	3003 PORTOFINO ISLE D2
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	D
NAME	GELLER, DAVID
STREET ADDRESS	2510 CALOMONDIN CIRCLE
CITY - ST - ZIP	COCONUT CREEK FL 33083
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maurice Rybstein	
1.3 STREET ADDRESS	2001 Granada Drive H-3	
1.4 CITY - ST - ZIP	Coconut Creek, FL 33066	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sam Lieberman	
2.3 STREET ADDRESS	3203 Portofino Point	
2.4 CITY - ST - ZIP	Coconut Creek, FL 33066	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hy Friedman	
5.3 STREET ADDRESS	2003 Granada Drive L-1	
5.4 CITY - ST - ZIP	Coconut Creek, FL 33066	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hy Friedman **Hy Friedman** 4/10/95 305-975-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #