

**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

**FILED**  
Mar 19 1996 8:00 am  
Secretary of State

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



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

3. Date Incorporated or Qualified: **05/21/1985**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-2531428**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and 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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAURICE RYBSTEIN</b>	1.2 NAME	<b>Nathan Greenberg</b>
STREET ADDRESS	<b>2001 GRANADA DRIVE H-3</b>	1.3 STREET ADDRESS	<b>1756 Hammock Blvd.</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33063</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAM LIEBERMAN</b>	2.2 NAME	<b>Miriam Schwartz</b>
STREET ADDRESS	<b>3202 PORTOFINO POINT</b>	2.3 STREET ADDRESS	<b>2003 Granada Dr. L-2</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRAGER, EDWARD</b>	3.2 NAME	<b>Sidney Raucher</b>
STREET ADDRESS	<b>3502 BIMINI LANE.</b>	3.3 STREET ADDRESS	<b>2001 Granada Dr. D-3</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILDEN, BENJAMIN</b>	4.2 NAME	
STREET ADDRESS	<b>3003 PORTOFINO ISLE D2</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HY FRIEDMAN</b>	5.2 NAME	
STREET ADDRESS	<b>2003 GRANADA DRIVE L-1</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten entries in Block 13:  
Nathan Greenberg, 1756 Hammock Blvd., Coconut Creek, FL 33063  
Miriam Schwartz, 2003 Granada Dr. L-2, Coconut Creek, FL 33066  
Sidney Raucher, 2001 Granada Dr. D-3, Coconut Creek, FL 33066  
A Dep by BANK

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: *Maurice Rybstein* Date: **2/28/96** Daytime Phone #: **954-975-4666**

CR2E037 (12/95)