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Mar 11 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 # 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 33063-3929



3. Date Incorporated or Qualified  
05/21/1985

3a. Date of Last Report  
03/06/1996

4. FEI Number

59-2531428

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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

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	P	<input type="checkbox"/> DELETE
NAME	MAURICE RYBSTEIN	
STREET ADDRESS	2001 GRANADA DRIVE H-3	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAM LIEBERMAN	
STREET ADDRESS	3202 PORTOFINO POINT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENBERG, NATHAN	
STREET ADDRESS	1756 HAMMACK BLVD	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILDEN, BENJAMIN	
STREET ADDRESS	3003 PORTOFINO ISLE D2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HY FRIEDMAN	
STREET ADDRESS	2003 GRANADA DRIVE L-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MIRIAM	
STREET ADDRESS	2003 GRANADA DR L-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

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	Sam Lieberman	
1.3 STREET ADDRESS	3202 Portofino Pt.	
1.4 CITY-ST-ZIP	Coconut Creek FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maurice Rybstein	
2.3 STREET ADDRESS	2001 Granada Drive H-3	
2.4 CITY-ST-ZIP	Coconut Creek, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Hy Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (954) 975-4666  
Date Daytime Phone # 0025447

CR2E037 (9/96)