

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified 05/21/1985		
4. FEI Number 59-2531428	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

6. 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. City	
84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, SAM	
STREET ADDRESS	3202 PORTOFINO PT	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RYBSTEIN, MAURICE	
STREET ADDRESS	2001 GRANADA DRIVE., H-3	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1st V.P. Kurt Katz
2.3 STREET ADDRESS	2465 Ginger Ave.
2.4 CITY - ST - ZIP	Coconut Creek, FL 33063
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 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: _____ **3/27/98**

CR2E037 (10/97)