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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N09397

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2531428	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRIEDMAN, HY 2003 GRANADA DR. APT. L-1 COCONUT CREEK FL 33063				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: *[Signature]* DATE: 3/25/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBERMAN, SAM		1.2 NAME				
STREET ADDRESS	3202 PORTOFINO PT		1.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP				
TITLE	FVP	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZ, KURP		2.2 NAME	KATZ, KURT			
STREET ADDRESS	2465 GINGER AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33063		2.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREENBERG, NATHAN		3.2 NAME	COHEN, ROSE K.			
STREET ADDRESS	1756 HAMMACK BLVD		3.3 STREET ADDRESS	3101 PORTOFINO PT H-1			
CITY-ST-ZIP	COCONUT CREEK FL 33063		3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILDEN, BENJAMIN		4.2 NAME				
STREET ADDRESS	3003 PORTOFINO ISLE D2		4.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	T Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HY FRIEDMAN		5.2 NAME				
STREET ADDRESS	2003 GRANADA DRIVE L-1		5.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZ, MIRIAM		6.2 NAME				
STREET ADDRESS	2003 GRANADA DR L-2		6.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33066		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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE NOT REQUIRED DATE: 3/25/99 DAYTIME PHONE #: (954) 975-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)