

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 MAY 30 11 51

DOCUMENT # **N28549** (6)

1. Corporation Name
CONGREGATION BETH DAVID

Principal Place of Business Mailing Address
C/O SYDNEY S. TRAUM 2625 S.W. THIRD AVE. MIAMI FL 33129-9314
C/O SYDNEY S. TRAUM 2625 S.W. THIRD AVE. MIAMI FL 33129-9314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-0637812** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2625 S.W. Third Ave.** 26 **2625 S.W. Third Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Miami, FL **Miami, FL**
24 Zip 25 Country 28 Zip 29 Country
33129 **33129**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TRAUM, SYDNEY S.
201 ALHAMBRA CIRCLE
SUITE #1200
CORAL GABLES FL 33134**

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 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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STAYMAN, MYRON D.
STREET ADDRESS	3600 YACHT CLUB DR., #1002
CITY - ST - ZIP	AVENTURA FL
TITLE	PD
NAME	TRAUM, SYDNEY S.
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	APPELROUTH, STEWART L.
STREET ADDRESS	8290 SW 114 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	BECK, HAROLD
STREET ADDRESS	700 CORAL WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	BADANES, SAMUEL
STREET ADDRESS	600 S.W. 21 ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	FALK, WALTER
STREET ADDRESS	#1 GROVE ISLE DR., #1001
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GORDON, NORMA	
13 STREET ADDRESS	3014 Brickell Ave.	
14 CITY - ST - ZIP	Miami, FL 33129	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(4), 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: **NORMA GORDON** *Norma Gordon* **1/25/95** (305) 857-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR