

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

DOCUMENT # **N28549** (6)

1. Corporation Name

CONGREGATION BETH DAVID



Principal Place of Business

Mailing Address

2625 SW THIRD AVE
2625 S.W. THIRD AVE.
MIAMI FL 33129
US

2625 SW THIRD AVE
2625 S.W. THIRD AVE.
MIAMI FL 33129
US

3. Date Incorporated or Qualified 09/27/1988	3a. Date of Last Report 05/30/1995
4. FEI Number 59-0637812	Applied For <input type="checkbox"/> Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Sulte, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25. Country	26. Country	27. Country	28. Country
29. Country	30. Country	31. Country	32. Country

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	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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GORDON, NORMA 3014 BRICKELL AVE MIAMI FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D GORDON, NORMA
STREET ADDRESS		1.3 STREET ADDRESS	3014 BRICKELL AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D TRAUM, SYDNEY S. 201 ALHAMBRA CIRCLE CORAL GABLES FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD APPELROUTH, STEWART L. 8290 SW 114 STREET MIAMI FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PD APPELROUTH, STEWART L.
STREET ADDRESS		3.3 STREET ADDRESS	8290 SW 114 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD BECK, HAROLD 700 CORAL WAY CORAL GABLES FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BADANES, SAMUEL 600 S.W. 21 ROAD MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FALK, WALTER #1 GROVE ISLE DR., #1001 MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD Joseph Falk
STREET ADDRESS		6.3 STREET ADDRESS	1770 Midway Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sam Badanes

5/2/96

(305) 854-3911

CR2E037 (12/95)