

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

APPROVED
AND
FILED

95 APR 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37608 (9)

1. Corporation Name

CONGREGATION BET CHAVERIM, INC.

Principal Place of Business

10444 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

Mailing Address

10444 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0187916

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

Zip

Country

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

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

GREEN, STEVEN
978 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071-7152

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 **Steven S. Greene, President**

4/15/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GREENE, STEVEN

STREET ADDRESS

978 RAMBLEWOOD DRIVE

CITY - ST - ZIP

CORAL SPRINGS FL 33071-7152

TITLE

VD

NAME

BELLAN, JACK

STREET ADDRESS

5542 PINE CIRCLE

CITY - ST - ZIP

CORAL SPRINGS FL 33087

TITLE

DS

NAME

BALLIN, MARK

STREET ADDRESS

6641 NW 23 STREET

CITY - ST - ZIP

MARGATE FL 33063

TITLE

DT

NAME

KENT, HOWARD

STREET ADDRESS

7822 NW 68 TERR

CITY - ST - ZIP

TAMARAC FL 33321

TITLE

VD

NAME

JANOFF, STEVE

STREET ADDRESS

10459 NW 1 CT

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

VD

NAME

ROSENBERG, RON

STREET ADDRESS

10412 NW 6 CT.

CITY - ST - ZIP

CORAL SPRINGS FL 33071

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

Henry Fuchs

2.3 STREET ADDRESS

10501 N.W. 70 Street

2.4 CITY - ST - ZIP

Tamarac, Fl. 33321

3.1 TITLE

DS

☒ Change ☐ Addition

3.2 NAME

Adrienne Berger

3.3 STREET ADDRESS

9985 W. Atlantic Blvd.

3.4 CITY - ST - ZIP

Coral Springs, Fl. 33071

4.1 TITLE

DT

☒ Change ☐ Addition

4.2 NAME

Bruce Butler

4.3 STREET ADDRESS

10771 N.W. 5 Place

4.4 CITY - ST - ZIP

Coral Springs, Fl. 33071

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

Typed and typed or printed name of signing officer or director

STEVEN S. GREENE, PRES.

4/15/95

Date

(10) 344-3600

Daytime Phone

05/06/94