

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 # **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**

3. Date Incorporated or Qualified
04/09/1990

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 1400 Coral Springs Dr.

2a. Mailing Address

26 1400 Coral Springs Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Coral Springs, Fla.

27 City & State

28 Coral Springs, Fla.

24 Zip

24 33071

25 Country

25 Bud

29 Zip

29 33071

30 Country

30 Bud.

4. FEI Number
65-0187916

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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 Bruce S. Butler
82 Street Address (P.O. Box Number is Not Acceptable) 10771 N.W. 5th place
83
84 City Coral Springs FL
85 Zip Code 33071**

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]

Bruce S Butler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, STEVEN	
STREET ADDRESS	978 RAMBLEWOOD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-7152	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, HENRY	
STREET ADDRESS	10501 NW 70 ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BERGER, ADRIENNE	
STREET ADDRESS	9985 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUTLER, BRUCE	
STREET ADDRESS	10771 NW 5TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JANOFF, STEVE	
STREET ADDRESS	10459 NW 1 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
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	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bailin, Mark	
1.3 STREET ADDRESS	6641 N.W. 23 Street	
1.4 CITY-ST-ZIP	Munroe, Fla. 33063	
2.1 TITLE	V. President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosenblum, Richard	
2.3 STREET ADDRESS	9764 N.W. 66 Place	
2.4 CITY-ST-ZIP	Parkland, Fla 33076	
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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

796-1900

Daytime Phone #

CR2E037 (12/95)