

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**
Suite, Apt. #, etc.
22
City & State
23 **Coral Springs, Fla.**
Zip
24 **33071**
Country
25 **Bud**
2a. Mailing Address
26 **1400 Coral Springs Dr.**
Suite, Apt. #, etc.
27
City & State
28 **Coral Springs Fla.**
Zip
29 **33071**
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD GREENE, STEVEN <input checked="" type="checkbox"/> DELETE	11 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	978 RAMBLEWOOD DRIVE	12 NAME Bullin, Mark
STREET ADDRESS	CORAL SPRINGS FL 33071-7152	13 STREET ADDRESS 6641 N.W. 23 Street
CITY-ST-ZIP		14 CITY-ST-ZIP Munroe, Fla. 33063
TITLE	VD FUCHS, HENRY <input checked="" type="checkbox"/> DELETE	21 TITLE V. President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10501 NW 70 ST	22 NAME Rosenblum, Richard
STREET ADDRESS	TAMARAC FL	23 STREET ADDRESS 9264 N.W. 66 Place
CITY-ST-ZIP		24 CITY-ST-ZIP Parkland, Fla 33076
TITLE	DS BERGER, ADRIENNE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9985 W ATLANTIC BLVD	32 NAME
STREET ADDRESS	CORAL SPRINGS FL	33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	DT BUTLER, BRUCE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10771 NW 5TH PL	42 NAME
STREET ADDRESS	CORAL SPRINGS FL	43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	VD JANOFF, STEVE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10459 NW 1 CT	52 NAME
STREET ADDRESS	CORAL SPRINGS FL 33071	53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	VD ROSENBERG, RON <input checked="" type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10412 NW 6 CT.	62 NAME
STREET ADDRESS	CORAL SPRINGS FL 33071	63 STREET ADDRESS
CITY-ST-ZIP		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 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]* **4/17/96** **796-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)