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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N43428** (4)  
1. Corporation Name  
**AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.**

Principal Place of Business Mailing Address  
P O BOX 811323 BOCA RATON FL 33481  
P O BOX 811323 BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1991** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0261270** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **7025 Beracasa Way** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **BOCA RATON, FL. 33481** 28  
City & State  
24 **33433** 25 **USA** 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  
**BRAWER, IRA ETHAN**  
**6578 WINDING BROOK WAY**  
**DELRAY BEACH FL 33484**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>PDS</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRAWER, IRA E.</b>         | 1.2 NAME  |   |
| STREET ADDRESS             | <b>6578 WINDING BROOK WAY</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DELRAY BEACH FL 33484</b>  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>PDS</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRAWER, GLORIA J.</b>      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6578 WINDING BROOK WAY</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DELRAY BEACH FL 33484</b>  | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROTHBERG, FRIEDA</b>       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>6193 POINTE REGAL CIR</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DELRAY BCH FL</b>          | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 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                      |                               | 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                      |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 6.2 NAME  |   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *IRA E. BRAWER* 3/15/95 (402) 750-4535  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_