FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N43428

(4)

AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.

71110							
Principat Place of Business		Mailing Addr	Mailing Address				ibin ilool koll gikin dinul albil alah Eikiy alah labi
7025 BERACASA WAY P O BOX 811323 BOCA RATON FL 33433 BOCA RATON FL 33481-1323 US			•				
						3. Date incorporated or Qu 05/13/1991	3a. Date of Last Report 06/18/1996
_2. Principal F	Place of Business	2a. Maiting A	ddress		·	4. FEI Number 65-0261270	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Des	\$8.75 Additional
City & Stat	e	City & Sta	te			6. Election Campaign Fina Trust Fund Contribution	ncing \$5.00 May Be
Zip Country		Zip	Zip Co			8. This corporation has liab	ollity for intangible tax under s. 199.032,
24	25 9. Name and Address of Cu	rent Begistered Age	3	0		Florida Statutes	Yes No
	9, Harne and Address of Cu	ıtanı nağıstatan wğal	<u> </u>	81	Name	10. Name and Address of	New Registered Agent
BRAWEI	r, ira ethan			82		Address (P.O. Box Number is Not A	(centable)
	NDING BROOK WAY BEACH FL 33484						
DECIM	DEACHTE COTOT			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, FI	orida Statutes,	, the above	-named	corporation submits this statement	for the purpose of changing its registered
orrice or i agent. La	registered agent, or both, in the S im familiar with, and accept the of	tate of Florida, Such of bligations of, Section 6	nange was aut 17.0503, Florid	inorized by da Statutes	the corp	poration's board of directors. I herel	for the purpose of changing its registered by accept the appointment as registered
SIGNATURE	Signature typeo or printed name of registerer	d goest and title if applicable	(NOTE: E	en eterad ana	nt eignatura	required when reinstating)	DATE
12.		AND DIRECTORS	(1010.1	13.	iii eignatore	· · · · · · · · · · · · · · · · · ·	O OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	Brawer, Ira e.			1.2 NAME			•
STREET ADDRESS	6578 WINDING BROOK W	AY		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-S	T-ZIP		
TITLE	VSD		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Brawer, Gloria J.			2.2 NAME			
STREET ADDRESS	6578 WINDING BROOK W.	ΑY		2.3 STREET	ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL			2.4 CITY-S	T-ZIP		
TITLE	TD	X	DELETE	3.1 TITLE		Treasurer & Di	Change Addition
NAME	DAVID H. POLINGER			3.2 NAME		Treasurer & Dr	rector
STREET ADDRESS	624 DC EDGEWATER DR.			3.3 STREET	ADDRESS	David 1. Barsk	У
CITY - S1 - ZIP	DEERFIELD BEACH FL			3.4. CITY - S	T-ZIP	668 DC Eigewat	er Drive
TITLE			DELETE	4.1 TITLE	i	Deerfieli BeaC	H. FI. 33442
NAME				4.2 NAME		Deciliera Boud	.,
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY - ST - ZIP			DELETE	4.4 CITY-S	T-ZIP		
TITLE		L	DELETE	5.1 TITLE	i		Change Addition
				5.2 NAME			•
NAME CERCET ADDRESS							
STREET ADDRESS				5.3 STREET			
STREET ADDRESS CITY-ST-ZIP			DE: ETE	5.3 STREET 5.4 City-S			Channel
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	5.3 STREET 5.4 CITY-ST 6.1 TITLE			Change Addition
STREET ACCIDESS CITY-ST-ZIP TITLE NAME			DELETE	53 STREET 54 CITY-S 6.1 TITLE 62 NAME	T-Z∤P		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	5.3 STREET 5.4 CITY-ST 6.1 TITLE	T-ZIP Address		Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

425-0332

FILED

Feb 25 1997 8:00am

Secretary of State