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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43428

1. Corporation Name

AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.

Principal Place of Business

7025 BERACASA WAY
BOCA RATON FL 33433
US

Mailing Address

P O BOX 811323
BOCA RATON FL 33481



2. Principal Place of Business

21 22095 Ataman St.

Suite, Apt. #, etc.

23 City & State

BOCA RATON, FL

24 Zip

33428

25 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/13/1991

4. FEI Number

65-0261270

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

9. Name and Address of Current Registered Agent

BRAWER, IRA ETHAN

6578 WINDING BROOK WAY - 22095 Ataman St.
DELRAY BEACH FL 33484 Boca Raton, FL 33428

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 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

IRA BRAWER

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 DELETE
NAME BRAWER, IRA E.
STREET ADDRESS 6578 WINDING BROOK WAY 22095 Ataman St.
CITY-ST-ZIP DELRAY BEACH FL BOCA RATON, FL

TITLE VSD DELETE
NAME BRAWER, GLORIA J.
STREET ADDRESS 6578 WINDING BROOK WAY 22095 Ataman St.
CITY-ST-ZIP DELRAY BEACH FL BOCA RATON, FL 33428

TITLE D DELETE
NAME JACOBS, R
STREET ADDRESS 3259 CORAL RIDGE DR
CITY-ST-ZIP CORAL SPGS FL 33085

TITLE D DELETE
NAME KOUTZER, S
STREET ADDRESS 14527 SUNNY WTERS
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Signature of Seward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 561-487-3839
Date Daytime Phone #

CR2E037 (11/98)