

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 # N93000003339 (9)

1. Corporation Name

HILLEL RELIGIOUS SCHOOL OF TEMPLES BETH EL AND I SRAEL, INC.



Principal Place of Business	Mailing Address
1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified 07/26/1993	3a. Date of Last Report 03/16/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0438660	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

<p>9. Name and Address of Current Registered Agent</p> <p>COHEN, RICHARD S 1601 FORUM PLACE STE 404 WEST PALM BEACH FL 33401</p>	<p>10. Name and Address of New Registered Agent</p> <p>81. Name</p> <p>82. Street Address (P.O. Box Number is Not Acceptable)</p> <p>83.</p> <p>84. City FL 85. Zip Code</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASH, MARGO	1.2 NAME	Sara Mullens
STREET ADDRESS	10070 DAPHNE AVE.	1.3 STREET ADDRESS	229 Barton Avenue
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, WAYNE	2.2 NAME	
STREET ADDRESS	4376 DAFFODIL CIRCLE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MICHAEL	3.2 NAME	
STREET ADDRESS	12841 MEADOWBEND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTKY, MARVIN	4.2 NAME	
STREET ADDRESS	246 MONTEREY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKMAN, ELLEN	5.2 NAME	
STREET ADDRESS	264 TRADEWIND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, GAIL	6.2 NAME	
STREET ADDRESS	1463 THE 12TH FAIRWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	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: Sara Mullens Sara Mullens 3/12/96 Date: _____ Daytime Phone # _____

CR2E037 (12/95)