

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003339 (9)
1. Corporation Name
HILLEL RELIGIOUS SCHOOL OF TEMPLES BETH EL AND I SRAEL, INC.



Principal Place of Business 1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407-6113
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3. Date Incorporated or Qualified 07/26/1993	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 65-0438660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COHEN, RICHARD S
1601 FORUM PLACE
STE 404
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASH, MARGO	1.2 NAME	
STREET ADDRESS	10070 DAPHNE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MICHAEL	3.2 NAME	Director
STREET ADDRESS	12841 MEADOWBEND DR	3.3 STREET ADDRESS	NATALIE SHASHA
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	214 THORNTON DR
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENS, SARA	4.2 NAME	
STREET ADDRESS	229 BARTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKMAN, ELLEN	5.2 NAME	Director
STREET ADDRESS	264 TRADEWIND DRIVE	5.3 STREET ADDRESS	Norman Landerman
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	3714-A Savoy Lane
TITLE	<input type="checkbox"/> DELETE	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	

3.1 TITLE **Director**
3.2 NAME **NATALIE SHASHA**
3.3 STREET ADDRESS **214 THORNTON DR**
3.4 CITY-ST-ZIP **P.B.G FL 33418**

5.1 TITLE **Director**
5.2 NAME **Norman Landerman**
5.3 STREET ADDRESS **3714-A Savoy Lane**
5.4 CITY-ST-ZIP **West Palm Beach FL 33417**

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 *Natalie Shasha* **Natalie Shasha** **3/17/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040359

CR2E037 (9/96)