


3-11-98 B 3075 C
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FILED
 Mar 11 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1801 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 1801 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407
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3. Date Incorporated or Qualified
07/26/1993

4. FEI Number
65-0438660

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**COHEN, RICHARD S
 1801 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASH, MARGO	1.2 NAME Margo Perry
STREET ADDRESS	10070 DAPHNE AVE.	1.3 STREET ADDRESS 216 Thornton Dr
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHASHA, NATALIE	2.2 NAME Allen Zwickel
STREET ADDRESS	214 THORNTON DR	2.3 STREET ADDRESS PS#7 TOURMALINE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENS, SARA	3.2 NAME
STREET ADDRESS	229 BARTON AVE	3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDERMAN, NORMAN	4.2 NAME
STREET ADDRESS	3714-A SAVOY LANE	4.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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.

SIGNATURE: *Margo Perry* **2/12/98** **561-833-4424**

CP2E037 (10/97)