

**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 # **N94000000177 (5)**  
1. Corporation Name  
**CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC**



Principal Place of Business	Mailing Address
<b>165 E PALMETTO PARK RD BOCA RATON FL 33482 19801 HAMPTON DR. BOCA RATON, FL 33434</b>	<b>21300 PLACIDA TERR BOCA RATON FL 33433 US</b>

3. Date Incorporated or Qualified <b>01/05/1994</b>	3a. Date of Last Report <b>05/18/1995</b>
4. FEI Number <b>65-0459810</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
<b>21 19801 HAMPTON DR</b>	<b>26 19801 HAMPTON DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27 SUITE C-1-2</b>
City & State	City & State
<b>23 BOCA RATON, FL</b>	<b>28 BOCA RATON, FL</b>
Zip	Country
<b>24 33434</b>	<b>25</b>
Country	Country
<b>29 33434</b>	<b>30</b>

9. Name and Address of Current Registered Agent

**GARMAN, DEBORAH A  
165 E PALMETTO PARK RD-  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name <b>GARY S. BLAKE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>515 NORTH FLAGLER DR</b>
83 <b>PAVILION SUITE 300</b>
84 City <b>WEST PALM BEACH, FL</b>
85 Zip Code <b>33401</b>

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 617.0603, Florida Statutes.

SIGNATURE *Gary S. Blake* **April 29, 1996**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>EPSTEIN, STEPHAN</b>	
STREET ADDRESS	<b>4311 NE 4TH AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WASSERMAN, JACI</b>	
STREET ADDRESS	<b>33340 HOLLYHOCK TR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SCHUSTER, RICHARD</b>	
STREET ADDRESS	<b>21300 PLACIDA TERR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>KOWLER, FRAN</b>	
STREET ADDRESS	<b>9296 LAKE SERENA DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DOCKS, MICHAEL</b>	
STREET ADDRESS	<b>12069 QUILTING LN</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Lori Weinstein</b>	
13 STREET ADDRESS	<b>22154 Martella Ave.</b>	
14 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Nan Berkowitz</b>	
6.3 STREET ADDRESS	<b>18083 Clear Brook Cir.</b>	
6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33498</b>	

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: *F. Kowler, Treas* **4/25/96** **407-852-6555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**F. KOWLER, TREASURER**

CR2E037 (12/95)