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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

**165 E PALMETTO PARK RD
BOCA RATON FL 33482
19801 HAMPTON DR.
BOCA RATON, FL 33434**

**21300 PLACIDA TERR
BOCA RATON FL 33433
US**

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 19801 HAMPTON DR

26 19801 HAMPTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE C-1-2

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33434

29 33434

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

GARY J. BLAKE

82 Street Address (P.O. Box Number is Not Acceptable)

515 NORTH FLAGLER DR

83

PAVILION SUITE 300

84

WEST PALM BEACH, FL

85 Zip Code

33401

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

Gary J. Blake

April 29, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Lori Weinstein	
13 STREET ADDRESS	22154 Martella Ave.	
14 CITY-ST-ZIP	Boca Raton, FL 33433	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Nan Berkowitz	
63 STREET ADDRESS	18083 Clear Brook Cir.	
64 CITY-ST-ZIP	Boca Raton, FL 33498	

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
F. KOWLER, TREASURER

4/25/96
Date

407-852-6555
Daytime Phone #

CR2E037 (12/95)