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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003917 (1)

1. Corporation Name

CONGREGATION BETH ADAM, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2579
BOCA RATON FL 33427

P.O. BOX 2579
BOCA RATON FL 33427-2579

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0524131

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL, B J
11194 HARBOUR SPRINGS CIRCLE
BOCA RATON FL 33428

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT DELETE
NAME SAUL, B J
STREET ADDRESS 11194 HARBOUR SPRINGS CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE DV Change Addition
1.2 NAME SAUL, B.J.
1.3 STREET ADDRESS 11194 HARBOUR SPRINGS CIRCLE
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE DV DELETE
NAME LEANDER, HANS
STREET ADDRESS 22553 S.W. 66TH AVE. APT. 407
CITY-ST-ZIP BOCA RATON FL 33428

2.1 TITLE DS Change Addition
2.2 NAME MARTIN & GLORIA GREEN
2.3 STREET ADDRESS 7300 AMBERLY LANE APT #108
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE PD DELETE
NAME HIRSCH, RON
STREET ADDRESS 6311 N.W. 33RD AVE
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE DT Change Addition
3.2 NAME HAYES, DAVID
3.3 STREET ADDRESS 3235 N.W. 64TH STREET
3.4 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *R. J. Hirsch* R. J. HIRSCH / PRES

4/18/97 561-241-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041786

CR2E037 (9/96)