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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000001433 (0) POCUMENT

REBEKAH'S HOUSE, INC.

Principal Place of Business Mailing Address P.O. BOX 15561 P.O. BOX 15561 3. Date Incorporated or Qualified W. PALM BEACH 33 33416 W. PALM BEACH 33 33416 <u>03/24/1995</u> 4. FEI Number Applied For 65-0567263 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zio Country Zip Country 8. This corporation owes or has paid the current year intangible 24 20 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TANNENBAUM, MICHAEL D 82 Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD., SUITE 304 63 **WEST PALM BEACH FL 33409**

84

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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME LEOPOLD. THEODORE J 1.2 NAME 1645 PALM BEACH LAKES BLVD #250 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33402 CITY-ST-ZIP 1.4 CITY - ST - ZIP **VPD** TITLE DELETE 2.1 TITLE ☐ Change Addition PASTON, RHONDA NAME 2.2 NAME 2610 HOLY CROSS LANE STREET ADORESS 2.3 STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP 2.4 CITY-ST-ZIP VPD DELETE TITLE 3.1 TITLE Change Addition BERTISCH, HARREEH NAME 3.2 NAME 423 FERN ST SUITE 200 STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETÉ 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - Z)P 1000024134§ -02/02/98--01061--009 TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address.

Zip Code

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Secretary of State

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