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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007161

1. Corporation Name

BETH HILLEL MESSIANIC FELLOWSHIP OF SOUTH FLORIDA, INC.

Principal Place of Business

**4547 NW 51ST STREET
COCONUT CREEK FL 33073**

Mailing Address

**4547 NW 51ST STREET
COCONUT CREEK FL 33073**

91408-90064-16



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/24/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0787515	
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9. Name and Address of Current Registered Agent

**BARSKY, DAVID L
4547 NW 51ST STREET
COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	1.1 TITLE	
NAME	BARSKY, DAVID L	1.2 NAME	
STREET ADDRESS	4547 NW 51ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BARSKY, ROBERTA	2.2 NAME	
STREET ADDRESS	4547 NW 51ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FOGELMAN, ELEANOR	3.2 NAME	
STREET ADDRESS	2801 NE 183RD STREET #1811	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/5/99 954-418-0155

CR2E037 (11/98)