

DOCUMENT # N98000003049

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF

Principal Place of Business

TEMPLE BETH AM
5950 N KENDALL DR
MIAMI FL 33156

Mailing Address

TEMPLE BETH AM
5950 N KENDALL DR
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0862591

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, ETTA
TEMPLE BETH AM
5950 N KENDALL DR
MIAMI FL 33156Name ESTRIN, Heidi

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

CONGREGATION B'nei ISRAEL

2200 YAMATO Road

City

BOCA RATON

FL

Zip Code
33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Etta GoldHeidi Estrin9/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME GOLD, ETTA D
STREET ADDRESS 5950 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33156TITLE VP ☒ Delete
NAME SCHWARZER, BARDA S
STREET ADDRESS 5950 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33156TITLE D ☒ Delete
NAME HOFFMAN, SANDY
STREET ADDRESS 18801 2ND AVE NE
CITY-ST-ZIP N. MIAMI BEACH FL 33180TITLE D ☒ Delete
NAME WOLFE, SHIRLEY CA
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137TITLE D ☐ Delete
NAME EFRON, MURIEL
STREET ADDRESS 10282 HERONWOOD LANE
CITY-ST-ZIP W. PALM BEACH FL 33412TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME ESTRIN, HEIDI
STREET ADDRESS 2200 YAMATO RD.
CITY-ST-ZIP BOCA RATON, FL, 33431TITLE D ☒ Change ☐ Addition
NAME VICE-PRESIDENT
NAME GOLDSMITH, ANNETTE
STREET ADDRESS 11826 SW 100 Terrace
CITY-ST-ZIP Miami, FL 33186TITLE D ☐ Change ☒ Addition
NAME ARGOV, SHARON
STREET ADDRESS 1732 VESTAL WAY
CITY-ST-ZIP CORAL SPRING, FL. 33071TITLE D ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Etta Gold9/7/00305-667-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 DEC 11 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)