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FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P01071 (0)**

1. Corporation Name  
**B'NAI B'RITH (INCORPORATED)**

Principal Place of Business <b>1640 RHODE ISLAND AVENUE. NW WASHINGTON DC 20036</b>	Mailing Address <b>1640 RHODE ISLAND AVENUE. NW WASHINGTON DC 20036</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRESSLER, FREDERICK  
2701 W OAKLAND PARK BLVD  
STE 400  
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified  
**03/01/1984**

4. FEI Number  
**53-0179971**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Bressler, Frederick**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4300 N. University Dr. Suite F200**

83 City **Lauderhill** **FL** 85 Zip Code **33351**

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, 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 *Frederick Bressler* DATE **1/14/98**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BAER, TOMMY</b>	
STREET ADDRESS	<b>1640 RHODE ISLAND AVE NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEARFIELD, SIDNEY</b>	
STREET ADDRESS	<b>1640 RHODE ISLAND AVE NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, ALLAN J</b>	
STREET ADDRESS	<b>590 LONGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>LAKE FOREST IL 60045</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, WARREN DR.</b>	
STREET ADDRESS	<b>116 MILLBURN AVENUE</b>	
CITY-ST-ZIP	<b>MILLBURN NJ 07041</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANK, DANIEL M</b>	
STREET ADDRESS	<b>12805 APRIL LANE</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55343</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGOLIS, EUGENE</b>	
STREET ADDRESS	<b>6504 SPARROW POINT COURT</b>	
CITY-ST-ZIP	<b>MCLENA VA 22101</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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: *Frederick Bressler* DATE: **2/5/98 (202) 857-6522**

CR2E037 (10/97)