

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90017 034 \*\*\*\*61.25

**DOCUMENT # P01071**

1. Corporation Name

**B'NAI B'RITH (INCORPORATED)**

Principal Place of Business

1640 RHODE ISLAND AVENUE. NW  
WASHINGTON DC 20036

Mailing Address

1640 RHODE ISLAND AVENUE. NW  
WASHINGTON DC 20036



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/01/1984

4. FEI Number

53-0179971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRESSLER, FREDERICK  
4300 N UNIVERSITY DR STE F200  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

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

1/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME BAER, TOMMY  
STREET ADDRESS 1640 RHODE ISLAND AVE NW  
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

VS  
NAME CLEARFIELD, SIDNEY  
STREET ADDRESS 1640 RHODE ISLAND AVE NW  
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

T  
NAME JACOBS, ALLAN J  
STREET ADDRESS 590 LONGWOOD DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE ☐ DELETE

D  
NAME GRAY, WARREN DR.  
STREET ADDRESS 116 MILLBURN AVENUE  
CITY-ST-ZIP MILLBURN NJ 07041

TITLE ☐ DELETE

D  
NAME FRANK, DANIEL M  
STREET ADDRESS 12805 APRIL LANE  
CITY-ST-ZIP MINNETONKA MN 55343

TITLE ☐ DELETE

D  
NAME MARGOLIS, EUGENE  
STREET ADDRESS 6504 SPARROW POINT COURT  
CITY-ST-ZIP MCLENA VA 22101

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
NAME Heideman, Richard  
STREET ADDRESS 1714 N Street, NW  
CITY-ST-ZIP Washington, DC 20036

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

D  
NAME Sugarman, Douglas  
STREET ADDRESS 2100 Linwood Avenue

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(1), Florida Statutes, and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney M. Clearfield (202)857-6600

Date

Daytime Phone #

CR2E037-11/198