

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 12: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708808 (1)
1. Corporation Name
CONGREGATION SCHAARAI ZEDEK

Principal Place of Business Mailing Address
3303 W. SWANN AVE. 3303 W. SWANN AVE.
TAMPA FL 33609-1699 TAMPA FL 33609-1699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1965 3a. Date of Last Report 04/29/1994
4. FEI Number 59-1394424 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RUDOLPH, RICHARD
4911 BAY WAY PL
TAMPA FL 33629

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHELSON, SAUL	1.2 NAME	Barbara Goldman
STREET ADDRESS	P.O. BOX 15175 N/A	1.3 STREET ADDRESS	4915 Lyford Cay Rd.
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa, FL 33629
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, MICHAEL	2.2 NAME	Leonard Kleinman
STREET ADDRESS	3306 WESTMORELAND DR	2.3 STREET ADDRESS	5700 Mariner Dr., Apt. 301
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, BARBARA	3.2 NAME	Bev Lauring
STREET ADDRESS	4915 LYFORD CAY RD	3.3 STREET ADDRESS	1221 Brightwaters Blvd. NE
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	St. Petersburg, FL 33704
TITLE	TD	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOAS, WILLIAM	4.2 NAME	Eric Newman
STREET ADDRESS	13609 LYTTON WAY	4.3 STREET ADDRESS	401 S. Royal Poinciana Dr.
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	FRI	5.1 TITLE	FRI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, DEBORAH	5.2 NAME	Peter Benjamin
STREET ADDRESS	11702 LIPSEY RD	5.3 STREET ADDRESS	3318 E. Savilla Circle
CITY - ST - ZIP	TAMPA FL 33618	5.4 CITY - ST - ZIP	Tampa, FL 33629
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: Barbara Goldman 4-11-95 813/876-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Barbara Goldman