

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 04/14/1965
3a. Date of Last Report: 04/27/1995

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLPH, RICHARD
4911 BAY WAY PL
TAMPA FL 33629

81 Name: Robert E. Brown
82 Street Address (P.O. Box Number is Not Acceptable): 3303 W. Swann Ave.
83
84 City: Tampa FL 85 Zip Code: 33609

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: *Robert E. Brown* ROBERT E. BROWN, ADMINISTRATOR 5-1-96
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	PD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, BARBARA	
STREET ADDRESS	4915 LYFORD CAY RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MICHAEL	
STREET ADDRESS	3308 WESTMORELAND DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, BARBARA	
STREET ADDRESS	4915 LYFORD CAY RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOAS, WILLIAM	
STREET ADDRESS	13609 LYTTON WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	FRI	<input checked="" type="checkbox"/> DELETE
NAME	GARBER, DEBORAH	
STREET ADDRESS	11702 LIPSEY RD	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEINMAN, LEONARD	
STREET ADDRESS	5700 MARINER DR #301	
CITY - ST - ZIP	TAMPA FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Newman, Eric	
1.3 STREET ADDRESS	401 S. Royal Poinciana Dr.	
1.4 CITY - ST - ZIP	Tampa, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)