

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 718216 (5)
 1. Corporation Name
ETZ CHAIM SYNOGOGUE

95 JAN 30 AM 9:30

Principal Place of Business Mailing Address
 10167 SAN JOSE BLVD. JACKSONVILLE FL 32257
 10167 SAN JOSE BLVD. JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1970** 3a. Date of Last Report **01/20/1994**
 4. FEI Number **59-0931261** 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BERNARD, LAWRENCE J., ESQUIRE
2064 PARK STREET
JACKSONVILLE FL 32204

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAFF, JAY
STREET ADDRESS	2901 CABALLERO DR. N.
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	KADISH, SANFORD
STREET ADDRESS	9897 MERLIN DR E
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	KAUSS, ROBERT
STREET ADDRESS	7081 OLD KINGS RD S #181
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	MIRKIS, MORRIS
STREET ADDRESS	2826 VILLA RICA ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	TD
NAME	BERNARD, RICHARD
STREET ADDRESS	3033 HALEY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	SD
NAME	GERSON, ROBERT DR
STREET ADDRESS	7129 BETH ANN TERRACE
CITY-ST-ZIP	JACKSONVILLE FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD CRAFTON, ARTHUR
3.3 STREET ADDRESS	10136 ARROWHEAD DR. E. #6
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: JAY GRAFF 1/18/95 731-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #