

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 # 737336 (8)

1. Corporation Name

CONGREGATION SHOMREI TORAH OF TALLAHASSEE, INCORPORATED

Principal Place of Business

Mailing Address

4858 KERRY FOREST PKWY.  
P.O. BOX 12983  
TALLAHASSEE FL 32317

4858 KERRY FOREST PKWY.  
P.O. BOX 12983  
TALLAHASSEE FL 32317



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1976		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1712600		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KANTROWITZ, BARRY 5721 GRASSLAND ROAD TALLAHASSEE FL 32311				81 Name Sam N. Kimelman CPA			
				82 Street Address (P.O. Box Number is Not Acceptable) 2397 Gregory Drive			
				83			
				84 City Tallahassee FL 85 Zip Code 32303			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, KAREN	1.2 NAME	Fishman, Terrie
STREET ADDRESS	1301 LAWDALE RD	1.3 STREET ADDRESS	1312 Betton Rd
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	Tall. Fla 32312
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, ARTHUR	2.2 NAME	Goldman, Mark
STREET ADDRESS	3814 LEANNE DR	2.3 STREET ADDRESS	3584 woodhill Drive
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	Tall. Fla 32303
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERNSTEIN, SUSAN	3.2 NAME	Morris, Richard
STREET ADDRESS	2835 ASBURY HILL	3.3 STREET ADDRESS	1444 Oldfield Drive
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tall. Fla 32312
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHMAN, TERRIE	4.2 NAME	Cooper, Elaine
STREET ADDRESS	1312 BETTON RD	4.3 STREET ADDRESS	3814 Leanne Drive
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tall. Fla 32308
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATROWITZ, BARRY	5.2 NAME	Kimelman, Sam
STREET ADDRESS	5721 GRASSLAND RD	5.3 STREET ADDRESS	2397 Gregory Drive
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tall. FL 32303
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, ANN	6.2 NAME	Holtz, David
STREET ADDRESS	4419 TREE HARBOUR WAY	6.3 STREET ADDRESS	7612 Preservation Rd.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tall. Fla. 32312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam N. Kimelman

alakra

(904) 291-0631

Date

Daytime Phone

CR2E037 (12/95)