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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32317-2983

3. Date Incorporated or Qualified
11/19/1976

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1712600

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

KIMELMAN, OPA S N
2397 GREGORY DRIVE
TALLAHASSEE FL 32303

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME FISHMAN, TERRIE
STREET ADDRESS 1312 BETTON ROAD
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME GOLDMAN, MARK
STREET ADDRESS 3584 WOODHILL DRIVE
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MORRIS, RICHARD
STREET ADDRESS 1444 OLDFIELD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V DELETE
NAME COOPER, ELAINE
STREET ADDRESS 3814 LEANNE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME KIMELMAN, SAM
STREET ADDRESS 2397 GREGORY DRIVE
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S DELETE
NAME HOLTZ, DAVID
STREET ADDRESS 7612 PRESERVATION ROAD
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this change of office or agent attachment with an address.

SIGNATURE *[Handwritten Signature]* (904) 562-1211

CR2E037 (9/96)