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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4896 KERRY FOREST PKWY. P.O. BOX 12983 TALLAHASSEE FL 32317
Mailing Address: 4850 KERRY FOREST PKWY. P.O. BOX 12983 TALLAHASSEE FL 32317

3. Date Incorporated or Qualified: 11/19/1976
4. FEI Number: 59-1712600
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KIMELMAN, CPA S N 2397 GREGORY DRIVE TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent: Charles D. Chase, 3641 Ocleon Drive, Tallahassee, FL 32312

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: *Charles D. Chase* TREASURER 1-25-98 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHMAN, TERRIE	
STREET ADDRESS	1312 BETTON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, MARK	
STREET ADDRESS	3584 WOODHILL DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, RICHARD	
STREET ADDRESS	1444 OLDFIELD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, ELAINE	
STREET ADDRESS	3814 LEANNE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIMELMAN, SAM	
STREET ADDRESS	2397 GREGORY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, DAVID	
STREET ADDRESS	7612 PRESERVATION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRIE FISHMAN	
1.3 STREET ADDRESS	1312 BETTON RD	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK KAPLAN	
2.3 STREET ADDRESS	4817 BALLYGAN DRIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERRY SULLIVAN	
3.3 STREET ADDRESS	4133 DEER LANE DRIVE	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHARON PRESS	
4.3 STREET ADDRESS	P.O. BOX 2121	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32316-2121	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHARLES CHASE	
5.3 STREET ADDRESS	3641 OCLEON DRIVE	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD MORRIS	
6.3 STREET ADDRESS	144 OLDFIELD DRIVE	
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *TERRIE FISHMAN* TERRIE FISHMAN 1-25-98 ASD-877-6012

CR2E037 (10/97)