

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90027 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737336

1. Corporation Name
CONGREGATION SHOMREI TORAH OF TALLAHASSEE, INCORPORATED

Principal Place of Business 4858 KERRY FOREST PKWY. P.O. BOX 12963 TALLAHASSEE FL 32317	Mailing Address 4858 KERRY FOREST PKWY. P.O. BOX 12963 TALLAHASSEE FL 32317
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/19/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1712600
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent CHASE, CHARLES D 3641 OCLEAN DRIVE TALLAHASSEE FL 32312	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, TERRIE	1.2 NAME	
STREET ADDRESS	1312 BETTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MARK	2.2 NAME	
STREET ADDRESS	4817 BALLYGAR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TERRY	3.2 NAME	
STREET ADDRESS	4133 DEERLANE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, SHARON	4.2 NAME	
STREET ADDRESS	P.O. BOX 2121 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, CHARLES	5.2 NAME	
STREET ADDRESS	3641 OCLEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RICHARD	6.2 NAME	
STREET ADDRESS	144 OLDFIELD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Charles D. Chase **REQUIRED** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)