

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **743757** (7)  
1. Corporation Name  
**CONGREGATION B'NAI ISRAEL OF CORAL SPRINGS, INC.**

Principal Place of Business Mailing Address  
4129 N.W. 88TH. AVE. 4129 N.W. 88TH. AVE.  
APARTMENT 106 APARTMENT 106  
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/31/1978</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-1944378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**HERBERT DAVIS  
4110 N.W. 88TH. AVE.  
APARTMENT #207  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>
NAME	<b>DAVIS, HERBERT</b>
STREET ADDRESS	<b>4110 N.W. 88TH AVENUE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>SD</b>
NAME	<b>BUSHMAN, BEATRICE</b>
STREET ADDRESS	<b>4187 N.W. 90TH AVE.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>DP</b>
NAME	<b>STEIN, LATTY</b>
STREET ADDRESS	<b>4132 N.W. 88TH AVENUE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>DT</b>
NAME	<b>SCHREIBER, DAVID</b>
STREET ADDRESS	<b>4275 NW 89TH AVE.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>
TITLE	<b>DP</b>
NAME	<b>KARGAMAN, DAVID</b>
STREET ADDRESS	<b>4122 NE 88TH AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>HOUTKIN, MURRAY</b>
STREET ADDRESS	<b>4150 NW 90TH AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>

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	<b>PRES. KARGAMAN-DAVID</b>
3.3 STREET ADDRESS	<b>4122 N W 88 AVE</b>
3.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VICED PRES JEWEL BACH - JOANIN</b>
5.3 STREET ADDRESS	<b>4137 N W 88 AVE</b>
5.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
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 110.07(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: Herbert Davis **HERBERT DAVIS** 3/9/95 753-6319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #