

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



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

3. Date Incorporated or Qualified: **07/31/1978**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-1944378**  
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

2. Principal Place of Business: 21. 4129 N W 88th Ave  
22. Suite, Apt. #, etc.: 106  
23. City & State: Coral Springs Fl  
24. Zip: 33065  
25. Country: Broward  
26. Mailing Address: 26. 4129 N W 88th Ave  
27. Suite, Apt. #, etc.: 106  
28. City & State: Coral Springs, Fl  
29. Zip: 33065  
30. Country: Broward

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  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

\*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	DT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HERBERT	1.2 NAME	Herbert Davis
STREET ADDRESS	4110 N.W. 88TH AVENUE	1.3 STREET ADDRESS	4110 N W 88th Ave
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, Fla. 3065
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHMAN, BEATRICE	2.2 NAME	
STREET ADDRESS	4167 N.W. 90TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARGMAN, DAVID	3.2 NAME	
STREET ADDRESS	4122 NW 88TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, DAVID	4.2 NAME	300001737788
STREET ADDRESS	4275 NW 89TH AVE.	4.3 STREET ADDRESS	-03/08/96--01109--008
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	4.4 CITY-ST-ZIP	***61.00
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AOVERBACH, JOANN	5.2 NAME	
STREET ADDRESS	4137 NW 88TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUTKIN, MURRAY	6.2 NAME	Irwin Friedman
STREET ADDRESS	4159 NW 90TH AVE	6.3 STREET ADDRESS	4120 N W 88th Ave
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	6.4 CITY-ST-ZIP	Coral Springs, Fla. 33065

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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: **Herbert Davis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **2/1/96**  
Daytime Phone #

CF2E037 (12/95)