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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33065-1823
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3. Date Incorporated or Qualified 07/31/1978	3a. Date of Last Report 03/08/1996
4. FEI Number 59-1944378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: **Herbert Davis** *Herbert Davis* **2/6/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, HERBERT
STREET ADDRESS	4110 N.W. 88TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL 3065
TITLE	SD <input type="checkbox"/> DELETE
NAME	BUSHMAN, BEATRICE
STREET ADDRESS	4167 N.W. 90TH AVE.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KARGMAN, DAVID
STREET ADDRESS	4122 NW 88TH AVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	SCHREIBER, DAVID
STREET ADDRESS	4275 NW 89TH AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	AUERBACH, JOANN
STREET ADDRESS	4137 NW 88TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	DT <input type="checkbox"/> DELETE
NAME	FRIEDMAN, IRWIN
STREET ADDRESS	4120 NW 88TH AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065

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	Vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Kargman
3.3 STREET ADDRESS	4122 N W 88th Ave
3.4 CITY-ST-ZIP	Coral Springs Fla 33065
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Auerbach, Joan
5.3 STREET ADDRESS	4137 N W 88th Ave
5.4 CITY-ST-ZIP	Coral Springs Fla 33065
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 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: **Joan auerbach** *Joan auerbach* **2/6/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022257

CR2E037 (9/96)