

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 011 ****61.25



DOCUMENT # 743757	
1. Entity 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
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State	City & State	4. FEI Number 59-1944378	Applied For Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KARGMAN, DAVID 4129 NW 88TH AVE APARTMENT 106 CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DC NAME SATLOW, HYMAN STREET ADDRESS 3220 HOLIDAY SPRINGS BLVD CITY-ST-ZIP MARGATE FL 33063	<input checked="" type="checkbox"/> Delete	TITLE DC NAME SOLOMON TOLEDANO STREET ADDRESS 4152 N.W. 90TH AVE., APT. 204 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME BUSHMAN, BEATRICE STREET ADDRESS 4167 N.W. 90TH AVE. CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME KARGMAN, DAVID STREET ADDRESS 4122 NW 88TH AVE APT 207 CITY-ST-ZIP CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete	TITLE VP NAME KARGMAN, DAVID STREET ADDRESS 4122 NW 88TH AVE APT 207 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHREIBER, ESTHER STREET ADDRESS 4275 NW 89TH AVE APT 101 CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BLINDER, DAVID STREET ADDRESS 4277 NW 89TH AVE APT 102 CITY-ST-ZIP CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete	TITLE P NAME BLINDER, DAVID STREET ADDRESS 4277 N.W. 89TH AVE APT. 102 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRIEDMAN, IRENE STREET ADDRESS 6121 PETUNIA RD CITY-ST-ZIP DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Kargman **DAVID KARGMAN, VICE PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 FILED 4/13/05