

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90216 024 ****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 (10/05)

City & State

City & State

4. FEI Number

59-1944378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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: **DAVID BLINDER**
 Street Address (P.O. Box Number is Not Acceptable):
David Blinder
4129 NW 88th AVE. APT 106
 City: **CORAL SPRINGS FL** Zip Code: **33065**

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

David Blinder
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	TOLEDANO, SOLOMON	
STREET ADDRESS	4152 NW 90TH AVE, APT 204	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUSHMAN, BEATRICE	
STREET ADDRESS	4167 N.W. 90TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KARGMAN, DAVID	
STREET ADDRESS	4122 NW 88TH AVE, APT 207	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIBER, ESTHER	
STREET ADDRESS	4275 NW 89TH AVE APT 101	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLINDER, DAVID	
STREET ADDRESS	4277 NW 89TH AVE, APT 102	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, IRENE	
STREET ADDRESS	6121 PETUNIA RD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUTKIN, MURRAY	
STREET ADDRESS	4159 N.W. 90TH AVE APT 106	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON GOODMAN	
STREET ADDRESS	4161 N.W. 90TH AVE APT 107	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Blinder

4/23/06