

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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # N03102 (3)
1. Corporation Name
CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.



Principal Place of Business: **2200 YAMATO ROAD BOCA RATON FL 33431**
Mailing Address: **2200 YAMATO ROAD BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **05/16/1984**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-2422860**
Applied For: Not Applicable
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**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTOR, DAVID
2200 YAMATO ROAD
BOCA RATON FL 33431

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANTOR, DAVID	
STREET ADDRESS	6004 LELAC RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, ROBERT	
STREET ADDRESS	1041 DEL HAVEN DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KALFUS, MELVIN	
STREET ADDRESS	6804 VIA REGINE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIAMOND, NANCY	
STREET ADDRESS	8372 TWIN LAKE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, HARVEY	
STREET ADDRESS	4500 NW 26TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZOBEL, ROBERT	
STREET ADDRESS	4481 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KALFUS, MELVIN	
1.3 STREET ADDRESS	6804 VIA REGINA	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEINTRAUB, PETER	
2.3 STREET ADDRESS	21146 SHADY VISTA LANE	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FUTERAN, PHYLLIS	
3.3 STREET ADDRESS	2727 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GORDON, HARVEY	
4.3 STREET ADDRESS	955 EVE STREET	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEINTRAUB, TONI	
5.3 STREET ADDRESS	21146 SHADY VISTA LANE	
5.4 CITY-ST-ZIP	BOCA RATON, FL	
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 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:

Melvin Kalfus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 1996 407-347-0851
Date Daytime Phone #

CR2E037 (12/95)