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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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1984</b>		3a. Date of Last Report <b>02/06/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2422860</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

**KANTOR, DAVID  
2200 YAMATO ROAD  
BOCA RATON FL 33431**

## 10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KANTOR, DAVID 6004 LELAC RD BOCA RATON FL	1.1 TITLE	PD KALFUS, MELVIN 6804 VIA REGINA BOCA RATON, FL
NAME	NAME	1.2 NAME	NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	VD FRIEDMAN, ROBERT 1041 DEL HAVEN DR DELRAY BEACH FL	2.1 TITLE	VD WEINTRAUB, PETER 21146 SHADY VISTA LANE BOCA RATON, FL
NAME	NAME	2.2 NAME	NAME
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	VD KALFUS, MELVIN 6804 VIA REGINE BOCA RATON FL	3.1 TITLE	VD FUTERAN, PHYLLIS 2727 S. OCEAN BLVD. HIGHLAND BEACH, FL
NAME	NAME	3.2 NAME	NAME
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	VD DIAMOND, NANCY 8372 TWIN LAKE DR BOCA RATON FL	4.1 TITLE	VD GORDON, HARVEY 955 EVE STREET DELRAY BEACH, FL
NAME	NAME	4.2 NAME	NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	VD SCHNEIDER, HARVEY 4500 NW 26TH AVE BOCA RATON FL	5.1 TITLE	VD WEINTRAUB, TONI 21146 SHADY VISTA LANE BOCA RATON, FL
NAME	NAME	5.2 NAME	NAME
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	T ZOBEL, ROBERT 4481 WOODFIELD BLVD BOCA RATON FL	6.1 TITLE	
NAME	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 1996 407-347-0851  
Date Daytime Phone #

CR2E037 (12/95)