

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21104 (7)  
1. Corporation Name  
YOUNG ISRAEL OF TAMPA, INC.



Principal Place of Business  
3721 TACON  
TAMPA FL 33629  
US

Mailing Address  
5113 MEMORIAL HWY.  
2A  
TAMPA FL 33634  
US

3. Date Incorporated or Qualified  
06/11/1987

3a. Date of Last Report  
04/06/1995

4. FEI Number  
59-2817195

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMAN, MICHAEL B  
5113 MEMORIAL HWY  
STE 2A  
TAMPA FL 33634

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 Michael B. Richman 6/24/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|----------------------|---|-----------------------|
| TITLE                      | PD                   | 1.1 TITLE   | PRESIDENT             |
| NAME                       | BIELAWSKI, GERALD    | 1.2 NAME  | ELIEZER RIVKIN        |
| STREET ADDRESS             | 2936 KNIGHTS AVE.    | 1.3 STREET ADDRESS                                    | 5205 131 AVE.         |
| CITY-ST-ZIP                | TAMPA FL             | 1.4 CITY-ST-ZIP                                       | TAMPA FL 33617        |
| TITLE                      | VP                   | 2.1 TITLE   | VICE PRES             |
| NAME                       | WERNICOFF, DAN       | 2.2 NAME  | MITCH PHILLIPS        |
| STREET ADDRESS             | 3721 TACON           | 2.3 STREET ADDRESS                                    | 15547 TIMBERLINE DR.  |
| CITY-ST-ZIP                | TAMPA FL             | 2.4 CITY-ST-ZIP                                       | TAMPA FL 33624        |
| TITLE                      | DT                   | 3.1 TITLE   |                       |
| NAME                       | KLEIN, SHIMON        | 3.2 NAME  | 500001931325          |
| STREET ADDRESS             | 601 SOUNDVIEW DR     | 3.3 STREET ADDRESS                                    | -08/23/96--01094--045 |
| CITY-ST-ZIP                | PALM HARBOR FL       | 3.4 CITY-ST-ZIP                                       | ***61.25              |
| TITLE                      | D                    | 4.1 TITLE   | GERALD BIELAWSKI      |
| NAME                       | RIVKIN, ELIEZER      | 4.2 NAME  | 2936 KNIGHTS AVE.     |
| STREET ADDRESS             | 3721 TACON           | 4.3 STREET ADDRESS                                    | TAMPA, FL 33629       |
| CITY-ST-ZIP                | TAMPA FL             | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                    | 5.1 TITLE   | JACK ROTH - DIRECTOR  |
| NAME                       | KESSELMAN, GAYLE     | 5.2 NAME  | 3721 TACON ST.        |
| STREET ADDRESS             | 2288 WILLOWBROOK DR. | 5.3 STREET ADDRESS                                    | TAMPA FL 33629        |
| CITY-ST-ZIP                | CLEARWATER FL        | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                      | 6.1 TITLE   | DONNA FAZA            |
| NAME                       |                      | 6.2 NAME  | 24511 MASQU CT.       |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    | LUTZ FL 33549         |
| 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(5)(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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 0813 832-3018  
Date Daytime Phone

CR2E037 (3/96)