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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33634-7356
US

3. Date Incorporated or Qualified 06/11/1987
3a. Date of Last Report 08/23/1996

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

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

9. Name and Address of Current Registered Agent
RICHMAN, MICHAEL B
5113 MEMORIAL HWY
STE 2A
TAMPA FL 33634

10. Name and Address of New Registered Agent
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 _____
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	P	<input type="checkbox"/> DELETE
NAME	RIVKIN, ELIEZER	
STREET ADDRESS	5205 131 AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, MITCH	
STREET ADDRESS	15547 TIMBERLINE DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KLEIN, SHIMON	
STREET ADDRESS	601 SOUNDVIEW DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIUKIN, ELIEZER	
STREET ADDRESS	3721 TACON	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAZA, DONNA	
STREET ADDRESS	24511 MASON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V. Gerald Biulawski
2.3 STREET ADDRESS	5025 KNIGHT
2.4 CITY-ST-ZIP	TAMPA FL 33629
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL B RICHMAN
4.3 STREET ADDRESS	5113 MEMORIAL HWY
4.4 CITY-ST-ZIP	TAMPA FL 33634
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr Keith Kanik
5.3 STREET ADDRESS	3721 TACON
5.4 CITY-ST-ZIP	TAMPA FL 33629
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael B Richman 5/17/97 8:00PM 1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048940

CR2E037 (9/96)