

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 JUN 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1050569**
1. Corporation Name
CONGREGATION ALYAH, INC

Principal Place of Business Mailing Address
**2440 STATE ROAD 580
SUITE 7
CLEARWATER, FL 34621** **PO Box 14354
Clearwater, FL
34629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 8/24/92	3a. Date of Last Report 3/8/94
4. FEI Number 59-310632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**Sy Hader
2415 Destin Way
Suite 3
OdeSSA FL 34685**

10. Name and Address of New Registered Agent
81 Name **ELLIOT STERN**
82 Street Address (P.O. Box Number is Not Acceptable)
6850 COUNTY ROAD 95
83
84 City **PALM HARBOR FL** 85 Zip Code **34684**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY - ST - ZIP	14 CITY - ST - ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ELLIOT STERN
13 STREET ADDRESS	6850 COUNTY ROAD 95
14 CITY - ST - ZIP	PALM HARBOR FL 34684
21 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SY HADER
23 STREET ADDRESS	2415 DESTIN WAY #3
24 CITY - ST - ZIP	ODESSA, FL 34685
31 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Deena Silver
33 STREET ADDRESS	90 Green Raven Circle
34 CITY - ST - ZIP	CLASHAW FL 34677
41 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SID CUTLER
43 STREET ADDRESS	100 HAMPTON ROAD
44 CITY - ST - ZIP	Clearwater FL 34618
51 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MARCEL F. GORDON
53 STREET ADDRESS	522 LAHADA TERRAS
54 CITY - ST - ZIP	PALM HARBOR FL 34685
61 TITLE	800001518958
62 NAME	-06/21/95--01031--015
63 STREET ADDRESS	*****61.25 *****61.25
64 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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an other report with an addendum.

SIGNATURE: *[Signature]* **MARCEL F. GORDON** 5/20/95