

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50569** (5)
1. Corporation Name
CONGREGATION ALIYAH, INC.



Principal Place of Business: **2440 STATE ROAD 580 SUITE 7 CLEARWATER FL 34621**
Mailing Address: **P.O. BOX 14354 CLEARWATER FL 34629 US**

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **06/20/1995**

| | | | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--------------------------|--------------------------|-------------------------|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 59-3106132 | Applied For | <input type="checkbox"/> | Not Applicable | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 | Additional Fee Required | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 | May Be Added to Fees | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | 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

10. Name and Address of New Registered Agent

**STERN, ELLIOT
6850 COUNTY ROAD 95
PALM HARBOR FL 34628-3468**

| | |
|----|--|
| 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 _____ DATE _____
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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STERN, ELLIOT | 1.2 NAME | |
| STREET ADDRESS | 6850 COUNTY ROAD 95 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HADER, SY | 2.2 NAME | HADER, SY |
| STREET ADDRESS | 2415 DESTIN WAY #3 | 2.3 STREET ADDRESS | 4574 BERISFORD BLVD |
| CITY-ST-ZIP | ODESSA FL 34672 | 2.4 CITY-ST-ZIP | PALM HARBOR, FL 34658 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVER, DEANA | 3.2 NAME | BARBARA BERGLIND |
| STREET ADDRESS | 90 GREENHOVER CIRCLE | 3.3 STREET ADDRESS | 2521 PINE COVE LANE |
| CITY-ST-ZIP | OLDSMAR FL 34672 | 3.4 CITY-ST-ZIP | CLEARWATER FL 34621 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUTLER, DIS | 4.2 NAME | CUTLER, SID |
| STREET ADDRESS | 100 HAMPTON ROAD | 4.3 STREET ADDRESS | 100 HAMPTON RD #150 |
| CITY-ST-ZIP | CLEARWATER FL 34615-6 | 4.4 CITY-ST-ZIP | CLEARWATER, FL 34619 |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORDON, MANUEL F | 5.2 NAME | |
| STREET ADDRESS | 833 LAKESIDE TERRACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | 5.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUCHWALTER | 6.2 NAME | |
| STREET ADDRESS | 2370 JAMICIAN ST. #48 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 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: _____ DATE: **4/12/96** (813) 797-5651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)