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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708648** (1)

1. Corporation Name

**CONGREGATION STAR OF JACOB, INC.**

Principal Place of Business

Mailing Address

**6 STRAUSS STREET  
JERUSALEM IS 33140  
US**

**3606 FLAMINGO DR  
MIAMI BCH FL 33140-3925  
US**

3. Date Incorporated or Qualified

**03/16/1965**

4. FEI Number

**59-1086821**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, TIBOR H.  
3606 FLAMINGO DR  
MIAMI BCH FL 33140**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-7-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **STERN, PINCHAS**  
STREET ADDRESS **13 HAMYASDIM**  
CITY-ST-ZIP **JERUSALEM IS**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE

NAME **WEINER, SHIMON**  
STREET ADDRESS **3513 ADMORMIROZIM**  
CITY-ST-ZIP **HARNOACE IS**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **KINSLINGER, YEHUDA**  
STREET ADDRESS **6 STRAUSS STREET**  
CITY-ST-ZIP **JERUSALEM IS**

*Died*

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

*Yoshua Cohen  
6-Strauss street  
Jerusalem, Israel*

TITLE **D** ☐ DELETE

NAME **STERN, IDELLE**  
STREET ADDRESS **3606 FLAMINGO DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **KEVELSON, ROCHELLE**  
STREET ADDRESS **21 CAUSEWAY**  
CITY-ST-ZIP **LAWRENCE**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **GENAUER, ALLAN**  
STREET ADDRESS **400 N LAS PALMAS**  
CITY-ST-ZIP **LOS ANGELES CA**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

*[Signature]* **PINCHAS STERN**

**4-5-98/972 2436139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/97)