

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724395 (9)
1. Corporation Name
CORAL SPRINGS HEBREW CONGREGATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 770096 CORAL SPRINGS FL 33077-7096
P.O. BOX 770096 CORAL SPRINGS FL 33077-7096

3. Date Incorporated or Qualified **09/21/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1648723** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2151 RIVERSIDE DRIVE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **CORAL SPRINGS, FLORIDA** 28
Zip Country Zip Country
24 **33071** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
KRAVITZ, ROBERT A.
8850 N.W. 77TH COURT, #133
TAMARAC FL 33321

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **KUHN, KERRY**
10002 VESTAL PLACE
CORAL SPRINGS FL 33071
VD **WITES, RUBIN**
1890 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
VD **ROTHSTEIN, MARILYNN**
10788 NW 20TH DRIVE
CORAL SPRINGS FL 33071
VD **ROBINS, MARTY**
1881 UNIVERSITY DRIVE #208
CORAL SPRINGS FL 33071
VD **GELLMAN, JAY**
641 NW 107TH LANE
CORAL SPRINGS FL 33071
TD **HONG, KEN**
9993 NW 24TH STREET
CORAL SPRINGS FL 33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME **VD GELLMAN, JAY**
3.3 STREET ADDRESS **641 NW 107TH LANE**
3.4 CITY - ST - ZIP **CORAL SPRINGS, FL 33071**
4.1 TITLE Change Addition
4.2 NAME **VD SNYDER, ROBERT**
4.3 STREET ADDRESS **11337 NW 10TH MANOR**
4.4 CITY - ST - ZIP **CORAL SPRINGS, FL 33071**
5.1 TITLE Change Addition
5.2 NAME **VD MEYEROWITZ, EVELYN**
5.3 STREET ADDRESS **8750 ROYAL PALM BLVD., #117**
5.4 CITY - ST - ZIP **CORAL SPRINGS, FL. 33065**
6.1 TITLE Change 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 is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *J.P. Meyerowitz* J.P. Date: *4/10/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR