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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724395 (9)
1. Corporation Name
CORAL SPRINGS HEBREW CONGREGATION, INC.



Principal Place of Business 2151 RIVERSIDE DR. CORAL SPRINGS FL 33071 US	Mailing Address 2151 RIVERSIDE DR. CORAL SPRINGS FL 33071-6260 US
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3. Date Incorporated or Qualified 09/21/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1648723	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

WITES, RUBIN
1999 UNIVERSITY DR.
#300
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name **RACHELLE CHAIRMAN, ADMINISTRATOR**
82 Street Address (P.O. Box Number is Not Acceptable)
2151 RIVERSIDE DRIVE
83
84 City **CORAL SPRINGS, FL** **85** Zip Code **33071**

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 *Rachelle Chairman* DATE **2/11/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLFSON, MARK	
STREET ADDRESS	11933 CLASSIC DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WITES, RUBIN	
STREET ADDRESS	1999 UNIVERSITY DR. #300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEDNICK, GLENN	
STREET ADDRESS	11043 NW 3RD ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERT	
STREET ADDRESS	11337 NW 10TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HONIG, KEN	
STREET ADDRESS	9993 NW 24TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, JEFFREY	
STREET ADDRESS	5322 NW 92ND LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SNYDER, DR. ROBERT
2.3 STREET ADDRESS	11337 NW 10TH MANOR
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KUHN, DR. KERRY
4.3 STREET ADDRESS	10002 VESTAL PLACE
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 *Rachelle Chairman* DATE **2/19/97**

CR2E037 (9/96)