

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 09/21/1972		
4. FEI Number 59-1648723	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
CHAIRMAN, RACHELLE
21251 RIVERSIDE DR
#300
CORAL SPRGS FL 33071

10. Name and Address of New Registered Agent
 81 Name
Dr. Robert Snyder
 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 *Robert Snyder* **Robert Snyder, President** DATE **1/24/98**
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 NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFSON, MARK 11933 CLASSIC DR. CORAL SPRINGS FL 33071	<input type="checkbox"/> DELETE	1.1 TITLE SD DUKER, STEVEN 5315 NW 85TH AVENUE CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, DR ROBERT 11337 NW 10TH MANOR CORAL SPRINGS FL 33071	<input type="checkbox"/> DELETE	2.1 TITLE SD FELDMAN, JOEL 2057 MAPLEWOOD DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDNICK, GLENN 11043 NW 3RD ST. CORAL SPRINGS FL 33071	<input type="checkbox"/> DELETE	3.1 TITLE VD MEDNICK, GLENN 11811 ROYAL PALM BLVD, #201 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUHN, DR KERRY 10002 VESTAL PLACE CORAL SPRGS FL 33071	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD KASSOF, LINDA 11198 NW 46TH DRIVE CORAL SPRINGS FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HONIG, KEN 9993 NW 24TH ST. CORAL SPRINGS FL 33065	<input type="checkbox"/> DELETE	5.1 TITLE VD MEYEROWITZ, EVELYN 8750 ROYAL PALM BLVD, #117 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTZ, JEFFREY 5322 NW 92ND LANE CORAL SPRINGS FL 33067	<input type="checkbox"/> DELETE	6.1 TITLE VD SCHULTZ, JEFFREY 5322 NW 92ND LANE CORAL SPRINGS FL 33067

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert Snyder* **REQUIRED** DATE **1/24/98** DAYTIME PHONE # **954-753-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)