

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724395
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip Country (30)

3. Date Incorporated or Qualified: 09/21/1972
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

9. Name and Address of Current Registered Agent
SNYDER, ROBERT M
2151 RIVERSIDE DR
#300
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name: LINDA KASSOF
82 Street Address (P.O. Box Number is Not Acceptable): 11198 N.W. 46 DRIVE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33076

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]* DATE: 1/18/99

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DUKER, STEVEN	
STREET ADDRESS	5315 NW 85TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33087	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELDMAN, JOEL	
STREET ADDRESS	2057 MAPLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEDNICK, GLENN	
STREET ADDRESS	11811 ROYAL PALM BLVD #201	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KASSOF, LINDA	
STREET ADDRESS	11198 NW 46TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYEROWITZ, EVELYN	
STREET ADDRESS	8750 ROYAL PALM BLVD #117	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, JEFFREY	
STREET ADDRESS	5322 NW 92ND LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KASSOF, LINDA	
1.3 STREET ADDRESS	11198 NW 46 DR.	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076	
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FELDMAN, JOEL	
2.3 STREET ADDRESS	2057 MAPLEWOOD DR.	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 330	
3.1 TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARILYNN ROTSTEIN	
3.3 STREET ADDRESS	10788 NW 20 DRIVE	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
4.1 TITLE	FINANCIAL SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	IRA SCHIMMEL	
4.3 STREET ADDRESS	1988 CLASIC DRIVE	
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
5.1 TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAY GELLMAN	
5.3 STREET ADDRESS	641 NW 107 LANE	
5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
6.1 TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ILAYNE FINKLESTONE	
6.3 STREET ADDRESS	1757 NW 176 DRIVE	
6.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/14/99

FILED
90 MAR 18 PM 2:40
TREASURY DEPARTMENT
CORAL SPRINGS, FLORIDA



CR2E037 (11/98)