

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733353 (7)

1. Corporation Name
CONGREGATION B'NAI ISRAEL.



Principal Place of Business: **3830 NW 16 BLVD GAINESVILLE FL 32605**
Mailing Address: **3830 NW 16 BLVD GAINESVILLE FL 32605**

3. Date Incorporated or Qualified: **07/22/1975**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-1592633**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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**

9. Name and Address of Current Registered Agent
**BOBROFF, GERTRUDE
1301 NW 17TH ST
GAINESVILLE FL 32605**

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 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: *Gertrude Bobroff* Gertrude Bobroff **2/7/96**
(Signature, typed or printed name of registered agent and street address) (Typed Name of Registered Agent, signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13.
TITLE: TP	ROSENBLATT, HOWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3530 N.W. 30TH PLACE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		
TITLE: VP	BACHARACH, AL	<input type="checkbox"/> DELETE
STREET ADDRESS: 1638 NW 10TH AVE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		
TITLE: S	BARTLETT, CINDY	<input type="checkbox"/> DELETE
STREET ADDRESS: 9231 NW 12TH PLACE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		
TITLE: TT	SHUSTER, SANDRA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 2026 N.W. 34TH TERRACE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		
TITLE: T	WARREN, MICHAEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 7201 NW 28TH AVE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		
TITLE: TRCC	SCHATZ, DESMOND	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3639 NW 33RD TERRACE	GAINESVILLE FL	
CITY-ST-ZIP: GAINESVILLE FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME: Stern, Robert A.	
1.3 STREET ADDRESS: 537 NE 1st St. Suite 5	
1.4 CITY-ST-ZIP: Gainesville FL 32601	
2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: _____	
2.3 STREET ADDRESS: 700001764257	
2.4 CITY-ST-ZIP: -04/01/96--01028--023	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: _____	
3.4 CITY-ST-ZIP: ***61.25	
4.1 TITLE: Treasurer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME: Averbach, Carol	
4.3 STREET ADDRESS: 2231 NW 24 Ave	
4.4 CITY-ST-ZIP: Gainesville FL 32605	
5.1 TITLE: Past President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME: Rosenblatt	
5.3 STREET ADDRESS: 3530 NW 30th Place	
5.4 CITY-ST-ZIP: Gainesville FL 32605	
6.1 TITLE: Trustee	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME: Krop, Harry	
6.3 STREET ADDRESS: 12161 NW 23 Terr	
6.4 CITY-ST-ZIP: Gainesville FL 32605	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 A. Stern* **2/5/96** (804) 376-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)