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Feb 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

DOCUMENT # 733353 (7)
1. Corporation Name
CONGREGATION B'NAI ISRAEL.



Principal Place of Business Mailing Address
3830 NW 16 BLVD 3830 NW 16 BLVD
GAINESVILLE FL 32605 GAINESVILLE FL 32605-3552

3. Date Incorporated or Qualified 07/22/1975
3a. Date of Last Report 03/30/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1592633 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOBROFF, GERTRUDE
1301 NW 17TH ST
GAINESVILLE FL 32605

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 DATE 1/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME STERN, ROBERT STREET ADDRESS 537 NE 1ST ST STE 5 CITY-ST-ZIP GAINESVILLE FL 32601	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME BACHARACH, AL STREET ADDRESS 1638 NW 10TH AVE CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME Alan Goldblatt 2.3 STREET ADDRESS 1916 NW 32 Terrace 2.4 CITY-ST-ZIP Gainesville FL 32605	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME BARTLETT, CINDY STREET ADDRESS 9231 NW 12TH PLACE CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME AUERBACH, CAROL STREET ADDRESS 2231 NW 24 AVE CITY-ST-ZIP GAINESVILLE FL 32605	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer 4.2 NAME George Snyder 4.3 STREET ADDRESS 5316 NW 46 Terrace 4.4 CITY-ST-ZIP Gainesville FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME WARREN, MICHAEL STREET ADDRESS 7201 NW 28TH AVE CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Howard Rosenblatt 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME KROP, HARRY STREET ADDRESS 1214 NW 23 TERR CITY-ST-ZIP GAINESVILLE FL 32605	<input type="checkbox"/> DELETE	6.1 TITLE President 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harry Krop, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
352-376-1508
Daytime Phone #0010830

CR2E037 (9/96)