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Feb 04 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 # 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
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3. Date Incorporated or Qualified 07/22/1975	
4. FEI Number 59-1592633	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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

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
Goldblatt, Alan

82 Street Address (P.O. Box Number Is Not Acceptable)
1916 NW 32 Terrace

83

84 City
Gainesville **FL** 85 Zip Code
32605

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 *[Signature]* **Alan A. Goldblatt, President 1/22/98**
 DATE **1/22/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STERN, ROBERT	
STREET ADDRESS	537 NE 1ST ST STE 5	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBLATT, ALAN	
STREET ADDRESS	1916 NW 32 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, CINDY	
STREET ADDRESS	9231 NW 12TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNYDER, GEORGE	
STREET ADDRESS	5316 NW 46 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBLATT, OWARD	
STREET ADDRESS	7201 NW 28TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KROP, HARRY	
STREET ADDRESS	1214 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goldblatt, Alan	
1.3 STREET ADDRESS	1916 NW 32 Terrace	
1.4 CITY-ST-ZIP	Gainesville FL 32605	
2.1 TITLE	V/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fine, Jack	
2.3 STREET ADDRESS	3126 NW 62nd Terrace	
2.4 CITY-ST-ZIP	Gainesville FL 32606	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Slater, Philip	
3.3 STREET ADDRESS	2211 NW 25 St	
3.4 CITY-ST-ZIP	Gainesville FL 32605	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pawliger, David	
5.3 STREET ADDRESS	6501 NW 16 Pl.	
5.4 CITY-ST-ZIP	Gainesville FL 32605	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Krop, Harry	
6.3 STREET ADDRESS	1214 NW 23 Terrace	
6.4 CITY-ST-ZIP	Gainesville FL 32605	

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.

SIGNATURE: *[Signature]* **REQUIRED** **1/22/98** **1-352-3761508**

CR2E037 (10/97)