


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90145 022 \*\*\*\*61.25

U011238

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 733353**

1. Corporation Name  
**CONGREGATION B'NAI ISRAEL.**

|  |  |
|--|--|
| Principal Place of Business<br>3830 NW 16 BLVD<br>GAINESVILLE FL 32605 | Mailing Address<br>3830 NW 16 BLVD<br>GAINESVILLE FL 32605 |
|--|--|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>07/22/1975   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1592633   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|                                      | Zip<br>29                 | Country<br>30   |

|  |  |   |                |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent          |                |
| GOLDBLATT, ALAN<br>1916 NW 32 TERR<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PT <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOLDBLATT, ALAN                     | 1.2 NAME  |   |
| STREET ADDRESS             | 1916 NW 32 TERR                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32605                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPT <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FINE, JACK                          | 2.2 NAME  |   |
| STREET ADDRESS             | 3126 NW 62 TERR                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32606                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SLATER, PHILIP                      | 3.2 NAME  |   |
| STREET ADDRESS             | 2211 NW 25 ST                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32605                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SNYDER, GEORGE                      | 4.2 NAME  |   |
| STREET ADDRESS             | 5316 NW 46 TERR                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAWLIGER, DAVID                     | 5.2 NAME  |   |
| STREET ADDRESS             | 6501 NW 16 PL                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL 32605                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KROP, HARRY                         | 6.2 NAME  |   |
| STREET ADDRESS             | 1214 NW 23 TERR                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GAINESVILLE FL                      | 6.4 CITY-ST-ZIP                                       |   |

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: Alan A. Goldblatt **NOTICE REQUIRED** 1/9/99 352 376 1508  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Alan A. Goldblatt, President

CR2E037 (11/98)