

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90065 041 ****61.25

DOCUMENT # 733353

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1592633**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPHSON, GILDA
3830 NW 16 BLVD
GAINESVILLE FL 32605**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gilda Josephson

7/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	JOSEPHSON, GILDA	
STREET ADDRESS	3830 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GREINBERG, DAVID	
STREET ADDRESS	3830 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAWLIGER, DAVID	
STREET ADDRESS	3830 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERBSTMAN, BARBARA	
STREET ADDRESS	3830 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TPP	<input type="checkbox"/> Delete
NAME	KABLER, PHIL	
STREET ADDRESS	3830 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Greenberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers or directors.

SIGNATURE:

Gilda Josephson, President

7/28/03

CR2E037 (10/02)