

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$195 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**VISION OF CORPORATIONS**

95 JUN 30 AM 9:09

**DOCUMENT # 753605 (5)**  
 1. Corporation Name  
**CONGREGATION SHAARE TEFILLAH OF KENDALL, INC.**

Principal Place of Business Mailing Address  
 7880 S.W. 112TH ST. MIAMI FL 33156  
 7880 S.W. 112TH ST. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/30/1980</b>	3a. Date of Last Report <b>08/01/1994</b>
4. FEI Number <b>59-2016749</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 109.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MOSKOVITZ, RAUL**  
**7880 S.W. 112TH ST.,**  
**MIAMI FL 33156**

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 \_\_\_\_\_ (Signature must be printed name of registered agent and the F.E.I. Number) \_\_\_\_\_ (Registered Agent signature required when registering) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	<del>COHEN, ARTHUR A.</del>	<del>7880 SW 112TH STREET</del>	<del>MIAMI, FL 00000</del>
	VPD SAMOLE, MYRON	7880 SW 112 ST	MIAMI FL
	VPD ZIMMERMAN, MICHAEL	7880 S.W. 112TH ST.	MIAMI, FL 00000
	VPD RESNICK, IRVING	7880 SW 112 ST	MIAMI FL
	VPD LEWIN, ALAN, M.D.	7880 SW 112 ST	MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP
	M. A. Abels, M.D.		

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this renewal 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 of this report, or as an attachment with an address.

SIGNATURE: M.A. Abels, M.D. 6/25/95 305 232-4333  
 SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (3/95)