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FILED  
Feb 16, 1998 8:00 am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

3. Date Incorporated or Qualified  
07/30/1980  
4. FEI Number  
59-2016749  
Applied For Not Applicable

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 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
T	ABELS, M. A M.D	7880 SW 112TH STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
VPD	SAMOLE, MYRON	7880 SW 112 ST	MIAMI FL	<input checked="" type="checkbox"/>
VPD	ZIMMERMAN, MICHAEL	7880 S.W. 112TH ST.	MIAMI, FL 00000	<input checked="" type="checkbox"/>
VPD	LEWIN, ALAN, M.D.	7880 SW 112 ST	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
T	GORDON, LAWRENCE	7880 SW 112th Street	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	ABELS, MICHAEL	7880 SW 112 ST	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	MEDINA, MARIA	7880 SW 112 ST	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ Present (305) 232-6833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 001267

CR2E037 (10/97)