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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766672 (0)  
1. Corporation Name  
CONGREGATION B'NAI EMMUNAH, INC.



Principal Place of Business: 38577 US 19 N, PALM HARBOR FL 34684 US  
Mailing Address: PO BOX 2028, TARPON SPRINGS FL 34688-2028 US

3. Date incorporated or Qualified: 01/24/1983  
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business: 21 3374 KEYSTONE RD., 22 Suite, Apt. #, etc., 23 TARPON SPRINGS, FL, 24 Zip 34689, 25 Country U.S.  
2a. Mailing Address: 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

4. FEI Number: 59-2354125  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEVIN, BERNICE, 39650 US 19 N, #584, TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent: 81 Name: SCALA, SINCLAIRE, 82 Street Address (P.O. Box Number is Not Acceptable): 2107 ALEXIS CT, 83, 84 City: TARPON SPRINGS, FL, 85 Zip Code: 34689

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 617.050, Florida Statutes.  
SIGNATURE: SCALA, SINCLAIRE, Sinclair Scala, April 23, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCALA, SINCLAIRE	
STREET ADDRESS	2107 ALEXIS CT	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRUBER, LIESA	
STREET ADDRESS	125 KELLEYS TRAIL	
CITY-ST-ZIP	OLDSUAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINCUS, NEWTON	
STREET ADDRESS	1801-14C EAST LAKE ROAD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKAY, SALLY	
STREET ADDRESS	589 SEVERS LANDING	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, JULES	
STREET ADDRESS	39650 US 19 N #584	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, VICTOR	
STREET ADDRESS	1984 JEFFORDS ST.	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATZ, MARTIN	
1.3 STREET ADDRESS	5934 WILLOW CREEK CT	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOANFELD, LEONARD	
2.3 STREET ADDRESS	1119 MAINSAIL DR	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRESS, JAN	
3.3 STREET ADDRESS	1718 VIRGINIA AVE	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETRIE, DAVIDA	
4.3 STREET ADDRESS	139 FOREST LANE DRIVE	
4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34694	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAULL, NICK	
5.3 STREET ADDRESS	2716 WOODVIEW CT.	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCALA, SINCLAIRE	
6.3 STREET ADDRESS	2107 ALEXIS CT	
6.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

14. I do 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: Sinclair Scala, April 23, 1997 (813)927-5720

CR2E037 (9/96)