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**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766672 (0)

1. Corporation Name
CONGREGATION B'NAI EMMUNAH, INC.



Principal Place of Business 3374 KEYSTONE RD TARPON SPRINGS FL 34689 US	Mailing Address PO BOX 2026 TARPON SPRINGS FL 34688 US
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3. Date Incorporated or Qualified 01/24/1983	
4. FEI Number 59-2354125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SCALA, SINCLAIRE
2107 ALEXIS CT
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name Wasserman, Mark	
82 Street Address (P.O. Box Number is Not Acceptable) 3748 Pendlebury Drive	
83	
84 City Palm Harbor	85 Zip Code FL 34685

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]* DATE **2/13/98**

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

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME KATZ, MARTIN	
STREET ADDRESS 5834 WILLOW CREEK CT	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME GRUBER, LIESA	
STREET ADDRESS 125 KELLEYS TRAIL	
CITY-ST-ZIP OLDSUAR FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME PRESS, JAN	
STREET ADDRESS 1718 VIRGINIA AVE	
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 PAULL, NICK	
STREET ADDRESS 2716 WOODVIEW CT	
CITY-ST-ZIP CLEARWATER FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SCALA, SINCLAIRE	
STREET ADDRESS 2107 ALEXIS CT	
CITY-ST-ZIP TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Wasserman, Mark	
1.3 STREET ADDRESS 3748 Pendlebury Drive	
1.4 CITY-ST-ZIP Palm Harbor, FL 34685	
2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Hallen, Hugh	
2.3 STREET ADDRESS 3379 Hickorywood Way	
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Brandeis, Jan	
3.3 STREET ADDRESS 2007 Diamond Court	
3.4 CITY-ST-ZIP Oldsmar, FL 34677	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Kessler, Lawrence	
5.3 STREET ADDRESS 4500 Devonshire Blvd.	
5.4 CITY-ST-ZIP Palm Harbor, FL 34685	
6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Greenhaus, Frances	
6.3 STREET ADDRESS 4333 Auston Way	
6.4 CITY-ST-ZIP Palm Harbor, FL 34685	

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 *[Signature]* **813-777-8000**

CR2E037 (10/97)