

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90016 043 \*\*\*\*61.25

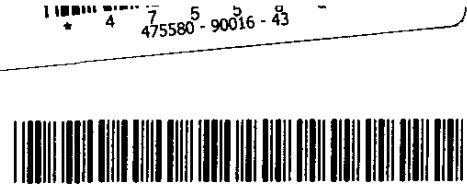
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766672**

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

Principal Place of Business 3374 KEYSTONE RD TARPON SPRINGS FL 34689 US	Mailing Address PO BOX 2028 TARPON SPRINGS FL 34688 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/24/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2354125
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WASSERMAN, MARK 3748 PENDLEBURY DRIVE PALM HARBOR FL 34685		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, MARK	1.2 NAME	
STREET ADDRESS	3748 PENDLEBURY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLEN, HUGH	2.2 NAME	
STREET ADDRESS	3379 HICHORYWOOD WY	2.3 STREET ADDRESS	149 RUE des CHATEAUX
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEIS, JAN	3.2 NAME	
STREET ADDRESS	2007 DIAMOND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, SALLY	4.2 NAME	
STREET ADDRESS	589 SEVERS LANDING	4.3 STREET ADDRESS	2634 LAKE HAVEN DR.
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, LAWRENCE	5.2 NAME	TREASURER
STREET ADDRESS	4500 DEVONSHIRE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHAUS, FRANCES	6.2 NAME	
STREET ADDRESS	4333 AUSTON WY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-26-99 DAYTIME PHONE: 727-938-9000

CR2E037 (1/98)

DOCUMENT #766672

475580-90016-43  
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**CONGREGATION B'NAI EMMUNAH**

TITLE: D ADDITION  
NAME: GRAVITZ, LEN  
ADDRESS: 703 WATERVIEW LA  
CITY-ST-ZIP: TARPON SPRINGS, FL 34689

TITLE: D ADDITION  
NAME: KLEIN, LAURIE  
ADDRESS: 1537 POWDER RIDGE CT  
CITY-ST-ZIP: PALM HARBOR, FL 34683

TITLE: D ADDITION  
NAME: WEINTRAUB, MARSHALL  
ADDRESS: 1212 OHIO AVE.  
CITY-ST-ZIP: PALM HARBOR, FL 34683