


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90177 026 ****61.25

DOCUMENT # 766672	
1. Entity 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

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. Name and Address of Current Registered Agent STEWART, SCOTT A 4344 TARRINGTON DRIVE LAND O LAKES FL 34639	
7. Name and Address of New Registered Agent Name: RICK A. BUCHWALTER P.A. Street Address (P.O. Box Number is Not Acceptable): 2508 NE COACHMAN ROAD City: SUITE 2 CLEARWATER FL Zip Code: 33765	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **2-20-05**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, STEWART 4344 TARKINGTON DR. LAND O LAKES FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARIS BLAKE 19311 SEACOVE DRIVE WY2, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGER, DAVID 16548 NORTHDAL DRIVE TAMPA FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ADRIENNE DAVIS 3816 BROWN RD S PALM HARBOR FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSLER, LARRY 4100 DAVENTRY LANE PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLINSKY, LINDA 1148 MANDERLEE DR. NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECKLER, RONNIE 3371 TANGLEWOOD TRAIL PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHEILA SHEAR 10612 ASHFORD OAKS DR. TAMPA FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENHAUS, FRANCES 586 WHISPERING LAKE BLVD PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DR. ERIC ROSEN 2358 LANDING WAY PALM HARBOR FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40025369

766672

ADDITIONS

TITLE

DIRECTOR

NAME

SUSAN MASSARSKY

STREET ADDRESS

910 DELAWARE STREET

CITY, ST, ZIP

SAFETY HARBOR, FL 34695

TITLE

DIRECTOR

NAME

ED ZISMAN

STREET ADDRESS

1809 RIVERBEND DR.

CITY, ST, ZIP

TARPON SPRINGS, FL 34689