


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 Mailing Address
3374 KEYSTONE RD **PO BOX 2028**
TARPON SPRINGS FL 34689 **TARPON SPRINGS FL 34688**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



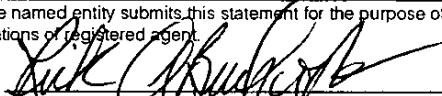
1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2354125 Not Applicable

5. Certificate of Status Desired **\$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. BOCHWALTER P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
2508 NE COACHMAN ROAD
SUITE 2
 City: **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:  DATE: **2-20-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STEWART	
STREET ADDRESS	4344 TARKINGTON DR.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERGER, DAVID	
STREET ADDRESS	16548 NORTHDAL DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	KESSLER, LARRY	
STREET ADDRESS	4100 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOLINSKY, LINDA	
STREET ADDRESS	1148 MANDERLEE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MECKLER, RONNIE	
STREET ADDRESS	3371 TANGLEWOOD TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREENHAUS, FRANCES	
STREET ADDRESS	586 WHISPERING LAKE BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARIS BLAKE	
STREET ADDRESS	19311 SEACOVE DRIVE	
CITY-ST-ZIP	WY2, FL 33558	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIENNE DAVIS	
STREET ADDRESS	3876 BROWN RD S	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLA SHEAR	
STREET ADDRESS	10612 ASHFORD OAKS DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. ERIC ROSEN	
STREET ADDRESS	2358 LAUNING WAY	
CITY-ST-ZIP	PALM HARBOR FL 34684	

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

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