
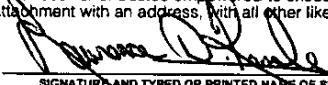


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 007 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2354125	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUCHWALTER, RICK A P.A. 2508 NE COACHMAN ROAD SUITE 2 CLEARWATER, FL 33765				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLARE, CHAZS		NAME	BLAKE CHRISTOPHER	
STREET ADDRESS	19311 SEACOVE DRIVE		STREET ADDRESS	19311 SEACOVE DRIVE	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ADRIENNE		NAME	DON MARTIN	
STREET ADDRESS	3376 BAIAN RD S.		STREET ADDRESS	810 BEE HIVE ROAD	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, LARRY		NAME		
STREET ADDRESS	4100 DAVENTRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOLINSKY, LINDA		NAME	MASSASKY SUSAN	
STREET ADDRESS	1148 MANDERLEE DR.		STREET ADDRESS	910 DELAWARE STREET	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	SAFETY HARBOR, FL 34895	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAR, SHEILA		NAME		
STREET ADDRESS	10642 ASHFORD OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT (VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DR. ERIC		NAME		
STREET ADDRESS	2358 LANDING WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4-02-06		Daytime Phone #: 813-253-0318	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
LAWRENCE D. KESSLER					