

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 045 ****70.00

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1. Entity Name

CONCERNED MEMBERS OF B'NAI TORAH, INC.



Principal Place of Business

C/O JAMES NAGIN
6511 BRAVA WAY
BOCA RATON, FL 33433

Mailing Address

C/O JAMES NAGIN
6511 BRAVA WAY
BOCA RATON, FL 33433



04042005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1207947

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NAGIN, JAMES
6511 BRAVA WAY
BOCA RATON, FL 33433

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IN THIS SPACE**

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

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

9. Election Campaign Financing

**Filing Fee is \$61.25
Due by May 1, 2005**

Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAPLAN, DAVID I
STREET ADDRESS 247 SE 3RD AVE.
CITY-ST-ZIP DELRAY BEACH, FL 334834511

TITLE VD
NAME NAGIN, JAMES J
STREET ADDRESS 6511 BRAVA WAY
CITY-ST-ZIP BOCA RATON, FL 334338239

TITLE TD
NAME METRICK, BERNARD
STREET ADDRESS 2121 N OCEAN BLVD., APT. 1606
CITY-ST-ZIP BOCA RATON, FL 334317836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

DAVID I CAPLAN

APRIL 3, 2005

561-330-3269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #