

**CORRECTED NOW: FILING FEE IS \$61.25**

**APPROVED AND FILED**

97 NOV 13 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03102 (3)  
1. Corporation Name  
CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.

Principal Place of Business Mailing Address  
2200 Yamato Road 2200 Yamato Road  
Boca Raton, FL 33431 Boca Raton, FL 33431-4325

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/16/1984	02/26/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2422860	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
Kantor, David  
2200 Yamato Road  
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81	Name	Kalfus, Melvin
82	Street Address (P.O. Box Number is Not Acceptable)	6804 Via Regina
83	City	Boca Raton, FL 33433
84	City	FL
85	Zip Code	33433

11. Pursuant to the provisions of Sections 617.0602 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: *Melvin Kalfus* PRESIDENT DATE: Nov 11, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KALFUS, MELVIN	
STREET ADDRESS	6804 VIA REGINA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, PETER	
STREET ADDRESS	21146 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUTERAN, PHYLLIS	
STREET ADDRESS	2727 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORDON, HARVEY	
STREET ADDRESS	17364 BOCA CLUB BLVD #507	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, TONI	
STREET ADDRESS	21146 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LESLIE REAMER	
STREET ADDRESS	2652 N.W. 46th STREET	
CITY-ST-ZIP	BOCA RATON, FL 33434	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Filing fee waived due to clerical error as the 1/28/97 was filed in error. *AKP 11/13/97*

14. I do 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.

SIGNATURE: *Melvin Kalfus* MELVIN KALFUS  
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/97 561-241-8118  
Date Daytime Phone #

CR2E037 (9/96)