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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03102 (3)
 1. Corporation Name
CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.



Principal Place of Business 2200 YAMATO ROAD BOCA RATON FL 33431-4325	Mailing Address 2200 YAMATO ROAD BOCA RATON FL 33431-4325
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3. Date Incorporated or Qualified 05/16/1984	
4. FEI Number 59-2422860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

KALFUS, MELVIN
~~8604 VIA REGINA~~
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name	MELVIN KALFUS
82 Street Address (P.O. Box Number is Not Acceptable)	22876 Sterling Lakes Drive
83	
84 City	Boca Raton, FL
85 Zip Code	33433

11. Pursuant to the provisions of Sections 617.0502 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* (Melvin Kalfus) 1/12/98
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALFUS, MELVIN	1.2 NAME	
STREET ADDRESS	8604 VIA REGINA	1.3 STREET ADDRESS	22876 Sterling Lakes Drive
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINTRAUB, PETER	2.2 NAME	
STREET ADDRESS	21146 SHADY VISTA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTERAN, PHYLLIS	3.2 NAME	
STREET ADDRESS	2727 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HARVEY	4.2 NAME	
STREET ADDRESS	17364 BOCA CLUB BLVD #507	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINTRAUB, TONI	5.2 NAME	
STREET ADDRESS	21146 SHADY VISTA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAMER, LESLIE	6.2 NAME	
STREET ADDRESS	2652 N.W. 46TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	6.4 CITY-ST-ZIP	

14. 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 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 1/12/98 361-470-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)