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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N04761 (5)

1. Corporation Name

CONGREGATION TORAH VE-EMUNAH, INC.

Principal Place of Business

Mailing Address

1000 NE 175 STREET  
N. MIAMI BCH. FL 33162  
US

1060 NE 177 TERRACE  
N. MIAMI BCH. FL 33162-1210  
US



3. Date Incorporated or Qualified

08/20/1984

3a. Date of Last Report

07/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2526866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSINGER, MIRIAM  
1060 NE 177 TERRACE  
NO. MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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  
NAME ACKERMAN, SPENCER  
STREET ADDRESS 1135 N.E. 176 ST.  
CITY-ST-ZIP N MIAMI BCH FL

☐ DELETE

1.1 TITLE STD  
1.2 NAME BIDNICK, JUDITH  
1.3 STREET ADDRESS 1035 NE 177 TER  
1.4 CITY-ST-ZIP N MIA BCH, FL 33162

☐ Change

☒ Addition

TITLE D  
NAME WEISS, SOLOMON  
STREET ADDRESS 420 LINCOLN RD., #350  
CITY-ST-ZIP N MIAMI BCH FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD  
NAME WEISS, IRWIN  
STREET ADDRESS 17611 N.E. 7 AVE.  
CITY-ST-ZIP N MIAMI BCH. FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME BERNSTEIN, STUART DR.  
STREET ADDRESS 1340 NE 172 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Spencer Ackerman Feb 23, 1997 305/653-6125  
Date Daytime Phone # 0031829

CR2E037 (9/96)