

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21104 (7)**

1. Corporation Name  
**YOUNG ISRAEL OF TAMPA, INC.**



Principal Place of Business 3721 TACON TAMPA FL 33629 US	Mailing Address 5113 MEMORIAL HWY. 2A TAMPA FL 33634-7356 US
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3. Date Incorporated or Qualified <b>06/11/1987</b>	3a. Date of Last Report <b>08/23/1996</b>
4. FEI Number <b>59-2817195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**RICHMAN, MICHAEL B**  
**5113 MEMORIAL HWY**  
**STE 2A**  
**TAMPA FL 33634**

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIVKIN, ELIEZER	
STREET ADDRESS	5205 131 AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<del>PHILLIPS, MITCH</del>	
STREET ADDRESS	15547 TIMBERLINE DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KLEIN, SHIMON	
STREET ADDRESS	601 SOUNDVIEW DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIUKIN, ELIEZER	
STREET ADDRESS	3721 TACON	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>FAZA, DONNA</del>	
STREET ADDRESS	24511 MASON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	V <b>Wald Biulawski</b>
2.3 STREET ADDRESS	<b>5025 KNIGHT</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33629</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>MICHAEL B RICHMAN</b>
4.3 STREET ADDRESS	<b>5113 MEMORIAL HWY</b>
4.4 CITY-ST-ZIP	<b>TAMPA FL 33634</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DR ROYTH KAWIK</b>
5.3 STREET ADDRESS	<b>3721 TACON</b>
5.4 CITY-ST-ZIP	<b>TAMPA FL 33629</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Michael B Richman **Richman** 5/17/97 **813 PPS 1785**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048940

CR2E037 (9/96)